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THE CHILD

Monthly News Summary

WITH

SOCIAL-STATISTICS SUPPLEMENTS

Volume 4

July 1939–June 1940

*9331.3a7
v.4
1939-40

UNITED STATES DEPARTMENT OF LABOR
CHILDREN'S BUREAU

◆

UNITED STATES
GOVERNMENT PRINTING OFFICE
WASHINGTON : 1940

907

Dec. 9, 1940

*9331.3a7
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1939-40

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Key to abbreviations used:

CB	Children's Bureau.
FLSA	Fair Labor Standards Act.
SSA	Social Security Act.
Per.	Periodical article.
supp.	supplement (*Social Statistics*).

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CHILDREN'S BUREAU
WASHINGTON, D. C.

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U. S. GOVERNMENT PRINTING OFFICE: 1940

+93313 A7

THE Child

Monthly News Summary

JULY
1939

Volume 4
Number 1

Published by the
CHILDREN'S BUREAU
U. S. DEPARTMENT OF LABOR
WASHINGTON, D. C.

U. S. SUPERINTENDENT OF DOC
AUG 28 1939

THE CHILD MONTHLY NEWS SUMMARY

Volume 4, Number 1 July 1939

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For sale by Superintendent of Documents, Government Printing Office, Washington, D. C. Price 10 cents a copy; subscription price $1 a year; postage additional outside the United States.

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CHILDREN'S BUREAU
KATHARINE F. LENROOT, Chief

✦

UNITED STATES DEPARTMENT OF LABOR
FRANCES PERKINS
SECRETARY

GENERAL CHILD WELFARE

A MUSEUM FOR CHILDREN

By Mrs. William L. Garrison, 3d, Curator-in-Chief,
Brooklyn Children's Museum, Brooklyn, N. Y.

Not long ago a young second-generation Rumanian boy, Alexander, wrote: "A hammer is a very useful instrument for a lonesome boy to carry. For a while it was my only means of obtaining companionship." He was describing the loneliest, most dangerous period in his life. Fortunately, however, he discovered the Brooklyn Children's Museum. Minerals fascinated him and he began a concentrated study of them in the exhibition room and in the laboratory. He stated:

> A new world has been opened to me. I saw crystals whose beauty and delicacy could not be surpassed by man's genius. I understood the formations of rock. I could distinguish one mineral from another. But most of all, I had found a wonderful substitute for friends. So, by using my hammer, I pried specimens from their natural surroundings and built up a collection. I found their conversation even more interesting than that of people. They told me things they never bothered to tell others. I have said that minerals are my substitute for friends. Yet, while they were acting in that capacity, I made many friends among other collectors, in school and elsewhere.

Alexander is only one of thousands of boys and girls who are finding the children's museum not only a workshop, a laboratory, and a storehouse of objects, but also a refuge where they can come to work out the solution of their problems, social as well as scientific. It is this social emphasis, closely allied with its educational aims, which is largely responsible for the unique place now being filled by children's museums throughout the world.

It was in December 1899 that the first children's museum opened its doors to the public in an old mansion of Brooklyn. Considerable thought and effort on the part of a great many people preceded this event. The idea had been conceived by the Curator of Fine Arts of the Brooklyn Museum, Professor William Henry Goodyear, while visiting Paris where he had seen some remarkable biological charts and models. These, he thought, should be placed at the disposal of all teachers of biology, and he proposed that some of these visual materials be purchased and a "children's museum" be established. Thus the earliest conception of usefulness of such a museum was to aid the teacher.

The community became interested in the idea and someone suggested that the excess material that the Brooklyn Museum had in storage and would not wish to place in its magnificent new building could form a nucleus for the children's museum. This idea infuriated the citizens of Brooklyn. They stated clearly and emphatically that what was not good enough for adults must be far less suitable for children, and that their children would have the best or nothing at all. It was with this high standard in mind that the first collections were gathered, including some of Emile Deyrolle's models and charts, many of which are still being used.

Teachers soon began to arrive with their classes, grateful for any help which the museum might offer. Visual materials in the school program were still considered a revolutionary innovation if they were used at all, but many teachers found it difficult to cover everything in the school syllabus, and those who were not trained in nature study were especially glad to have the museum take over this part of their teaching program. The contribution made by the museum to the school was recognized, but something else began to happen. Children wandered into the museum after school hours and on Saturdays. They were interested in the exhibits and they asked hundreds of questions. The docents in charge found their hands full and instituted story-telling hours and simple museum games, all of which were correlated with the visual material on display.

Thus a new type of museum began its long and effective educational history. Today the conception of a children's museum is not restricted to one of assisting the teacher. It must be an alert, progressive museum for children. The young people who frequent its halls, driven by some inner urge to discover the mysteries of the world in which they find themselves, are the center of attention. The energies of the staff are directed toward the exhibition of material at the proper eye level for children. Objects are selected with consideration of children's visual needs and are displayed clearly and logically with scientifically accurate labels in language that children can understand. Activities in which the individual may take part as he chooses are carried on in most of the exhibition rooms, and courses of study are mapped out in a variety of subjects for those seriously intent on the acquisition of knowledge.

THIS LITTLE BOY IS INTERESTED IN MAKING INDIAN APPARATUS. HE BELONGS TO THE INDIAN CLUB.

The second children's museum made its appearance when the Boston Children's Museum opened in 1914. This also utilized an old mansion in a park. In 1925 Indianapolis followed the example of Brooklyn and Boston. Hartford began a children's museum in 1927 and New Haven, in 1929. There are now in the United States approximately 16 children's museums, housed in buildings of their own, and more than 20 organized as a part of larger, adult museums.

Most children's museums have emphasized natural science in their collections and activities, just as did Brooklyn in the early days, but in recent years there has been an increasing demand for material in the social studies and in a number of places, notably Boston and Chicago, successful children's museums have been conducted solely in the field of art. The underlying principles upon which children's museums are founded are in no sense limited to one particular area of subject matter. They embrace, instead, a whole series of educational techniques, which can be applied in part to other kinds of educational institutions.

What is it, then, that makes a children's museum different from a school or a kindergarten or a recreation center, or from another type of museum, for that matter? The answer is not a simple one. It lies in a combination of elements which, fused together, create the spirit that makes a children's museum. It is found in the selection of objects and other visual aids. It is influenced by the physical techniques of installation, lighting, and labels. Most of all, it is dependent upon the way in which the child is introduced to this material.

There is only one rule in the Brooklyn Children's Museum. If a person wishes to handle anything he must first wash his hands. Aside from this logical precaution there are no coercive measures, nothing to hinder or limit the voluntary search for knowledge on the part of the thousand or more children who daily frequent the two old mansions that house the museum. A boy or girl may come into the museum with no feeling of restraint, assured that any serious absorption which he may find in one room or another, will be uninterrupted by an adult. If he wants to ask questions, they will be answered intelligently and clearly or he will be directed to the proper place to find the answer. If he cannot quite understand the objects in the cases, there will be others which he can handle and scrutinize more closely. Everywhere in the museum he will be given source materials with which to work. He will learn to distinguish between the real thing and the copy.

IN THE NEW ANIMAL ROOM.

He will begin to create values in his own mind and develop a critical sense which will serve him in later years.

Everywhere the interests of the child take first place. Adults must remain in the background. This does not mean that the child is given an unbalanced idea of his own importance for always there are present those hundreds of other children with whom he must work in harmony and mutual helpfulness. He soon learns why he must be considerate of others.

A sense of independence and responsibility comes sooner or later to every child who visits museums, and because of it there is not the need for the usual number of guards or the occasion for disciplinary measures which so frequently arises in the school and in the recreation center. In a children's museum young people do not come just to pass the time: That is, not after the first visit or two. Instead, they come under some compulsion to learn about their world. "What is the earth made of?" "Who lived here before the white man?" "Why do penguins live in the Antarctic?" "What is a mammal?" "I want to draw." "I want to paint." "May I model a horse?" "What do you feed a snake?" "We're discussing radio-activity today, but no visitors are allowed unless they know enough." "My lecture in the science club today is on the endicrinology of human beings." "If you want to join the microscope club, you have to make a piece of equipment first, and learn the parts of one, too." "We're going to learn how to smoke out a swarm of bees today." "If you want to study stamps, you have to know your geography--and your history, too!" "The Indian Club is making Plains Indian breastplates." "This is my tenth airplane model and they're all different." "Will you show us how to make photomicrographs?" "When is the next geography game?"

THESE BOYS ARE ON A FIELD TRIP WITH AN INSTRUCTOR LOOKING FOR BIRDS THROUGH FIELD GLASSES.

This is the sort of thing one hears around the Brooklyn Children's Museum almost any afternoon after school hours or Saturday. The majority work on individual projects of one kind or another, a course of study, a piece of scientific equipment, a topographical map, or a work of art. Sometimes they take part in a museum game, or join one of the clubs, or go on a field trip. Although it is believed that individual work is most sound educationally because it removes the forced competition found in the classroom, group activities are encouraged for their social value. However, adult-organized and controlled clubs are not tolerated. Clubs must be the creation of the children and must grow out of the natural interests of the group. So the youngsters write their own constitutions, make their own rules, plan the programs, and deliver the lectures. This is as true for the 6- to 10-year-old children in the Bee Club as for the older boys in the Pick and Hammer Club, which is open to advanced mineralogists with admission by examination only. Museum staff members stand by to give advice when solicited and to help solve some of the major difficulties.

There is a lecture division which provides free educational motion pictures every afternoon at 4 o'clock and at 11, 2, and 4 o'clock on Saturdays. On some holidays the motion pictures are repeated every hour to take care of the crowds.

A small library of about 15,000 volumes, relating mostly to the natural sciences, history, geography, and ethnology, is a popular place. Children come for help in their school work or to learn more about some object they have seen in an exhibition case, or just to read for pleasure. On sunny days a truck of books is taken out into the park where a branch library operates under a huge umbrella. The library is like the nerve center of the whole museum, and it is one of the first resources the children learn to use.

Some years ago, it became apparent that the Brooklyn museum was outgrowing its quarters. To meet this problem the loan division was created. A group of friends raised $10,000, which has kept it going for almost 20 years. There are now about 6,000 exhibits prepared for travel, including natural-history specimens, dolls from all over the world, industrial charts, miniature dioramas, ethnological material, and about 25,000 mounted pictures. All these are fully labeled, and most of them are boxed in cases of plain, varnished wood and glass. They are meant to be handled, and in this way some 4,000,000 school children a year have their lessons illuminated and their interest stimulated by actual contact with objects and pictures. A small truck carries the loans to schools, libraries, and summer day camps. Individual children are also allowed to borrow cases of shells, minerals, birds, and insect-life histories. The only qualification for the children is life membership in the museum at 10 cents (which includes a button and a certificate) and enough knowledge of the subject to pass a simple test. Rarely are the children responsible for any breakage.

School service is also an important part of the museum program. Every school day from 9 a.m. to 3 p.m. classes stream into the museum. They come by appointment only, and their program has been planned months in advance. Care is taken to provide the best motion pictures or the best lantern-slide lecture to illustrate the subject being studied that day in school. Activity programs are arranged, and objects are placed in the hands of young students so that they may further understand the phenomena at hand. An attempt is also made beforehand to determine the purpose of the museum visit--whether it is to introduce a completely new subject, to supplement what is being taken up in school, or to serve as final review of what has already been completed in the classroom.

The Brooklyn Children's Museum is maintained by the city of New York, which also owns the buildings and land. It is operated, however, as a unit in the Department of Museums of the Brooklyn Institute of Arts and Sciences, and all the collections, educational equipment, and material come from private sources. The museum is open every day in the year except Christmas and New Year's, and admission is always free. It is a public institution and belongs to the children of Brooklyn --of all New York, in fact--for there is no other children's museum in the metropolitan area.

For many years we in the United States have believed in education for our children. In more recent times, we have become more and more conscious of their physical welfare. There is something else we must not neglect, if we wish to build a strong, democratic nation. We must look to the social development of our boys and girls. The molding of character takes place chiefly during leisure hours when children are unrestrained in their activity. It is at this critical moment that the museum makes its particular contribution, a contribution which will have a permanent effect upon young minds because it gives them real and vital things with which to work.

Schools provide children with the necessary tools of language and arithmetic and supply them with facts about history, geography, and, perhaps, science. Recreation centers fulfill the physical need for play activities and divert young people from harmful leisure-time pursuits. The museum designed especially for children, however, puts into the hands of boys and girls the means by which they will learn to face the world--a craving for scientific truth, a sense of social responsibility, and independence of thought. Its power lies in the fact that children come without coercion or sugar-coated inducements, and yet they study as hard or harder than when they are in school.

MUSEUM FACILITIES FOR CHILDREN

Loan exhibits for schools Some museums have been established mainly for the purpose of lending exhibits to schools. Of this type is the St. Louis School Museum, started about 1905 with exhibits from the World's Fair. Material for use in the regular classroom work is requisitioned by the teachers and delivered weekly to schools. In Detroit the music teacher may obtain from the museum a scene from the opera the children are studying; the history teacher may have pictures of

Roman aqueducts or Greek temples sent to her classroom. Cleveland, also, is among the cities having museums controlled by the Board of Education, which lend material to schools. In Pittsburgh the Board of Education makes an annual appropriation to the Carnegie Museum for the collection, casing, and maintenance of natural-science loan materials for schools and for other work with children. (Peters, Rupert: Free Services Offered Children by Museums and Art Galleries. *Elementary School Journal*, vol. 35, nos. 1 and 2 (September and October 1934), pp. 32-41 and 123-130.)

Museum of Science, Buffalo

The fifth, sixth, and seventh grade children of Buffalo, N. Y., make annual visits to the Museum of Science. By carefully controlled experiments it has been determined that the children who have had, a few days before visiting the museum, a half-hour reading lesson on the subject to be observed at the museum, learn more from the exhibits than do children without this preparation, and more than children receiving a formal 15-minute lecture by one of the docents on the museum staff. (Melton, Arthur W., et al: Experimental Studies of the Education of Children in a Museum of Science. American Association of Museums, New Series, No. 15, Washington, 1936.)

Field Museum, Chicago

Through the Raymond Foundation the Field Museum of Natural History in Chicago sends lecturers with lantern slides to schools and conducts children on tours of the museum. Free motion pictures and stories on natural history are available. The activities of the Raymond Foundation are correlated with the curriculum provided by the Chicago Board of Education. (*School and Society*, vol. 46, no. 1179 (July 31, 1937), pp. 135-36.)

Duluth Children's Museum

The Duluth Children's Museum was started in an empty school room. The equipment consisted of three tables, a few packing boxes, and a round exhibit case. The director installed Mexican, Indian, and South American material belonging to her and to the art supervisor. The next year the Board of Education took over the project, added a second room, and paid the director for part-time services. (Wing, Mabel M.: A Children's Museum Is Started. *Museum News*, vol. 10, no. 10 (Nov. 15, 1932), p. 8.)

THE EIGHTH PAN AMERICAN CHILD CONGRESS[1]

San José, capital of the Republic of Costa Rica, will be the meeting place for the Eighth Pan American Child Congress, October 12-19, 1939.[2]

Official delegates will be appointed by the Governments of the countries represented in the Congress. Members of the Congress will include delegates of child-welfare institutions and persons concerned with child-welfare problems. All members may present reports on the subjects included in the program by the Organizing Committee and may take part in the discussion of the papers presented. Reports by delegates from countries other than Costa Rica must be received at the office of the Secretary General in San José at least 2 weeks before the opening of the Congress. The official languages of the Congress will be Spanish, English, French, and Portugese.

Agenda of the Congress

The Congress will be divided into six sections: I, Medical pediatric problems; II, Surgical pediatric problems; III,

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[1] Translated from official correspondence and from *La Gaceta—Diario Oficial*, San José, April 23, 1939.

[2] The Seventh Pan American Child Congress was held in Mexico City in 1935.

Child hygiene and eugenics; IV, Education; V, Social welfare; and VI, Law, legislation, and sociology.

The list of 62 official subjects and recommended subjects for the consideration of the sections includes the following in the field of maternal and child health and welfare: Vitamin deficiencies in children in the tropics; injuries at birth: their prevention, diagnosis, and treatment; control of tuberculosis in childhood; prophylactic measures in the control of poliomyelitis; organization of services for mothers and children in a rural area; training of nurses and visitors in services for mothers and children. Among the topics under education, social welfare, and law are: Effect of motion pictures on the moral development of children and adolescents; organization of vocational education; supervision and guidance of minors discharged from social-welfare institutions; aid to unmarried expectant mothers who are minors; coordination of maternal and child-welfare services; child welfare in rural communities--its organization; reforms to be proposed for facilitating adoption; and measures for the prevention of juvenile delinquency.

The opening formal session will be presided over by the President of Costa Rica or his representative. The Secretary of Public Health will make the address of welcome to the delegates and members of the Congress, and the Secretary General will read a report.

At the formal closing session the Secretary of Education will give an address and the Secretary General will read the resolutions passed by the Congress at the final official session.

NEWS AND READING NOTES

Popular pamphlets on social problems issued

The first two numbers have been published of a series of pamphlets designed to present reliable nontechnical information on social problems of general interest:

Depression Pioneers, by David Cushman Coyle (Works Progress Administration, Washington, 1939, 19 pp.).

Rural Youth, by David Cushman Coyle (National Youth Administration, Washington, 1939, 35 pp.).

Large, clear type and ample margins add to the readability of these pamphlets. Depression Pioneers is illustrated with black and white sketches and Rural Youth, with pictorial graphs. Each pamphlet contains a selected bibliography designed to carry the reader whose interest has been aroused by the pamphlet deeper into the subject.

Negro education and the Supreme Court discussed

The Supreme Court decision in the case of *Gaines* v. *University of Missouri*, given December 12, 1938, ruling that the University of Missouri should admit Gaines as a student in its law school, is discussed in editorial comment in *Journal of Negro Education*, vol. 8, no. 2 (April 1939), which also contains related articles.

The editorial concludes that the Missouri decision affords a real opportunity for Negroes to improve the educational opportunity now provided in Negro separate schools on all levels, although the decision refers specifically to higher education.

Rufus E. Clement contributes an article, Legal Provisions for Graduate and Professional Instruction for Negroes in States Operating Separate School Systems.

An article by Henry J. McGuinn, The Courts and Equality of Educational Opportunity, discusses the Supreme Court decision in relation to educational opportunity for Negroes and legal action in Maryland.

Bulletins of the Association for Childhood Education

Several bulletins of interest to those dealing with young children have been compiled or revised recently by various committees of the Association for Childhood Education (1201 Sixteenth St. NW., Washington, D.C.). These include a revised edition of A Bibliography of Books for Young Children (Washington, 1939, 71 pp., 50 cents); a revised edition of Equipment and Supplies for Nursery Schools, Kindergartens, and Primary Grades (Washington, 1939, 48 pp., 50 cents); and A Study of Reading Workbooks (Washington, 1939, 40 pp., 35 cents). This last pamphlet was prepared to provide a basis for further study and analysis of the function, organization, use, and content of reading workbooks and their contribution or lack of contribution to child growth in the light of what is known about child development and the learning process.

BOOK AND PERIODICAL NOTES

(General Child Welfare)

A GIRL GROWS UP, by Ruth Fedder, Ed.D. Whittlesey House, McGraw-Hill Book Co., New York. 1939. 235 pp. $1.75.

This book was written for girls themselves in an attempt to answer some of the questions frequently asked the author, as guidance counselor in a junior high school, in her conferences with adolescents. The aim of the book is to give information about certain fundamentals of behavior so that girls can establish and evaluate their own points of view.

Problems of personality development and emotional maturity are dealt with in simple terms. Against this background are discussed relationships within the family and among boys and girls, vocational adjustment, and a philosophy of life.

SEVEN LEAN YEARS, by T. J. Woofter, Jr., and Ellen Winston. University of North Carolina Press, Chapel Hill, N. C. 1939. 187 pp. $1.50.

In this book the authors have given consideration to rural problems arising during and since the depression in terms of human elements as well as in terms of production, prices, and markets. To quote from their own words:

> They have come to an abiding conviction that it is important to the national welfare that positive programs of agrarian and social reform be vigorously pursued in order that misery and want will not accumulate again to the same extent as in the past. At the risk of being accused of overemphasizing distress, they have, therefore, tried to make plain the causes of rural poverty and its implications in the complex pattern of our national life.

The whole book has a bearing on rural child life, and the authors have devoted two chapters in particular to the opportunities for health, education, and permanent employment of youth.

CHILD TRAINING AND PARENT EDUCATION; references to material in recent books, by Lucile Reiner Stebbing and Caroline Shurtleff Hughes. Second edition revised. H. W. Wilson Co., New York. 1939. 83 pp. 90 cents.

This bibliography was first published 8 years ago after having been worked out and carefully tested in the Sociology Division of the Public Library, Washington, D. C. Because of the growth in volume of the material dealing with parents and children and of changes in the character of the material, such as shifting the emphasis from training the children to educating the parent, the authors have revised the subject headings, added new titles, and omitted out-of-date ones. Among the 102 classified headings are Adolescence, Foster Child, and Nutrition.

The Children's Bureau *does not distribute* the publications to which reference is made in *The Child* except those issued by the Bureau itself. Please write to the publisher or agency mentioned for all others.

MATERNAL, INFANT, AND CHILD HEALTH

PLAN FOR RECORDING CERTAIN DATA CONCERNING STILLBIRTHS, LIVE BIRTHS, AND NEONATAL DEATHS IN HOSPITALS

BY ETHEL C. DUNHAM, M. D., DIRECTOR,
DIVISION OF RESEARCH IN CHILD DEVELOPMENT, U. S. CHILDREN'S BUREAU

Many reports have appeared in the medical literature giving certain data in regard to stillbirths and neonatal deaths in hospitals. It is, however, often difficult to compare the data from one hospital with the data from another, either because they are incomplete or because the inclusions under the terms stillbirth, live birth, and neonatal death are not uniform.

With a view to obtaining more exact and comparable data, the Children's Bureau has prepared a form for recording births that occur in hospitals according to birth weight and to age at death or age at discharge from the hospital. The definitions of a stillbirth and the period of gestation of stillborn infants to be included in the recording are those recommended for use by the American Public Health Association (fig. 1).

Space is provided on the form to record birth weight for all live births and all stillbirths that occur in the hospital. Birth weights are to be recorded in groups of 500 grams each.[1]

Stillbirths that occur before the onset of labor are to be recorded separately from those that occur during labor and delivery, because the causes of death in these two periods differ widely. A recent Children's Bureau study[2] has shown that three-fifths of the stillborn infants died before labor and two-fifths during labor. Deaths before labor obviously are due to prenatal conditions; deaths during labor, to natal conditions. The causes of fetal deaths during labor are similar to the causes of death in the early neonatal period. Eighty-two percent of the neonatal deaths in 1937 were assigned by the United States Bureau of the Census[3] to prenatal and natal causes.

The data for live-born infants who died before discharge from the hospital are to be recorded separately from the data for infants who were alive at time of discharge. For infants born alive who died in the hospital the tabulation is by age at death; for those alive at time of discharge from the hospital, by age at discharge. Infants admitted to the hospital after they were born are not to be included.

The classification by age is in five periods--under 1 day, 1-6 days, 7-13 days, 14-29 days, and 30 days and over. These age periods are important. In 1937, 27 percent of all infant deaths in the United States occurred on the first day of life, 18 percent from the first to the sixth day, 5 percent from the seventh to the thirteenth day, and 7 percent from the fourteenth to the twenty-ninth day. Altogether, 57 percent of the infant deaths occur in the first month of life; 43 percent, from the second to the eleventh month.[3]

For each hospital using this suggested form, information will be made available which will be comparable with information for other hospitals that use the form. The data supplied will make it possible to study the stillbirth and neonatal mortality rates in hospitals taking birth weight into account, and to study the age at death or age at discharge from the hospital of live-born infants.

This form is not designed to be used for detailed studies of stillbirths or neonatal deaths. For such studies the Children's Bureau has prepared special forms of which copies will be supplied on request.

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[1] If birth weight is recorded in pounds and ounces the U. S. Children's Bureau will furnish a table for conversion of pounds and ounces to grams.

[2] Dunham, Ethel C., M. D., et al: Problem of the Causes of Stillbirth. *American Journal of Public Health*, vol. 28, no. 4 (April 1938), pp. 491-498.

[3] Source: Reports of the U. S. Bureau of the Census.

FIG. 1.—FORM FOR RECORDING CERTAIN DATA CONCERNING STILLBIRTHS, LIVE BIRTHS, AND NEONATAL DEATHS IN HOSPITALS

BIRTH WEIGHT (GRAMS)	STILLBIRTHS*			LIVE BIRTHS (INFANTS BORN ALIVE IN HOSPITAL)													
	TOTAL	Time of death		TOTAL	Infants who died before discharge from hospital							Infants who were alive when discharged from hospital					
		Before labor	During labor		Total	Age at death						Total	Age at discharge				
						Under 1 month (30 days)					30 days and over		Under 1 month (30 days)				30 days and over
						Total	Under 1 day	1–6 days	7–13 days	14–29 days			Total	1–6 days	7–13 days	14–29 days	
TOTAL																	
Less than 1,000– – – –																	
1,000, less than 1,500																	
1,500, less than 2,000																	
2,000, less than 2,500																	
2,500, less than 3,000																	
3,000, less than 3,500																	
3,500, less than 4,000																	
4,000 or more– – – – –																	
Not recorded – – – – –																	

*Include every fetus of 20 weeks or more gestation, born in the hospital, which shows no evidence of life after complete birth (no breathing, no action of heart, no movement of voluntary muscle). Birth is considered complete when the child is altogether—head, trunk, and limbs—outside the body of the mother even if the cord is uncut and the placenta still attached. (See "Stillbirths," American Public Health Association Year Book, 1935–36.)

Period covered:

Began (date): ____________________

Ended (date): ____________________

Name of hospital ____________________

Address ____________________

Prepared by ____________________

CHILDREN'S BUREAU, U. S. Department of Labor

BOOK AND PERIODICAL NOTES

(Maternal, Infant, and Child Health)

FIGHTING FOR LIFE, by S. Josephine Baker, M. D. Macmillan Co., New York. 1939. 264 pp. $2.75.

In her autobiography Dr. Baker describes her work in the Department of Health of New York City--inspecting school children, finding and providing care for sick babies, establishing the Division of Child Hygiene with its first project the saving of the lives of babies born in one slum district in the city, and the subsequent expansion of the division to the time of Dr. Baker's retirement, when it had an annual budget of more than $1,000,000. She tells of her fight to make modified milk available to babies of the poor, the organization of the Little Mothers' Leagues, and her investigation of classroom ventilation. Through the whole book Dr. Baker emphasizes the need for preventive medicine, especially for the preschool child.

AUTOPSY FINDINGS IN STILLBIRTHS AND NEONATAL DEATHS, by John Wilkes Hammond, M. D. *Archives of Pediatrics*, vol. 56, no. 1 (January 1939), pp. 46-49.

The author selected for special study the postmortem records of 200 infants who were stillborn or died in the neonatal period. In every case the fetus was alive when labor began and the infant showed no significant congenital defects at postmortem examination. In order to obtain this series of 200 the author reviewed, in consecutive order, the autopsies of 461 stillborn or live-born infants in the records of the Woman's Hospital, New York. The 461 infants autopsied included 273 premature infants and 14 anencephalic monsters, but only 2 infants whose deaths were caused by sepsis, excluding the 8 cases of pneumonia.

Of the 200 cases in which the condition causing death arose in the natal or neonatal period, slightly more than half (107) were prematurely born infants. Of these about one-third (36) showed congestion and edema of the brain, 35 showed intracranial hemorrhage, and 22 showed no lesions. Of the 69 mature newborn infants nearly one-half (32) showed intracranial hemorrhage, and of the 24 postmature newborn infants more than half (13) showed intracranial hemorrhage and 3 showed intracranial congestion.

A STUDY OF THE INTELLIGENCE OF ANGLO-CHINESE CHILDREN, by P. C. Hu. *Eugenics Review*, vol. 30, no. 2 (July 1938), pp. 109-116.

This investigation was carried out with the object of determining the general intellectual level of Anglo-Chinese children and of discovering what differences, if any, exist between their general standard of intelligence and that of English children selected from the same social environment. A group of 2,943 English children and 116 Anglo-Chinese children in the East End of London and in Liverpool were given general intelligence tests and perceptual tests. The children were 8 to 14 years of age. In the majority of tests the Anglo-Chinese children excelled the English. An attempt is made to explain this difference on the grounds of the economic factor, racial tradition and heredity, possible influence of home environment, and the indirect effect of race prejudice.

THE CLINICAL TREATMENT OF THE PROBLEM CHILD, by Carl R. Rogers. Houghton Mifflin Co., Boston. 1939. 393 pp.

The author is director of the Department of Child Study of the Rochester Society for the Prevention of Cruelty to Children and lecturer in psychology at the University of Rochester. From his experience in treating the behavior problems of children he has written this volume, rather as a summary of present knowledge than as a handbook of procedure in a field where many problems have only begun to be studied. The book is divided into three sections dealing with diagnosis, treatment by change of environment, and treatment by constructive modification of the child's own immediate conditions of life. The editor, Leonard Carmichael, regards it as a progress report, to be recommended to persons dealing with children's problems who can use the help that psychology is now able to give them.

CHILD LABOR

PUERTO RICO DECISION UPHOLDS RIGHT OF ILLEGALLY EMPLOYED MINORS TO COMPENSATION AWARDS

The *Puerto Rico Labor News*[1] tells the story of a 14-year-old boy, Ramon Luis Garcia Robles, injured while illegally employed, whose claim for compensation under the Insular Workmen's Compensation Act was finally upheld by the Supreme Court of Puerto Rico.

Undisputed facts, states the *Puerto Rico Labor News*, showed that Ramon's employer had not complied with the statute requiring a special permit to be obtained from the Department of Labor authorizing child labor under certain circumstances. The manager of the State Insurance Fund originally denied the boy's claim on the ground that the Workmen's Compensation Act of Puerto Rico does not cover illegally employed workmen. The case was appealed to the Industrial Commission, which reversed the insurance-fund manager's decision and awarded compensation.

The case was then taken to the Supreme Court of Puerto Rico, which, in July 1938, reversed the decision of the Industrial Commission, but later set aside its own judgment and granted a new hearing. On January 17, 1939, the Supreme Court reversed its previous decision and affirmed the decision given by the Industrial Commission, awarding compensation to the boy.

In its opinion, the Supreme Court of Puerto Rico pointed out that according to the publication, The Illegally Employed Minor and the Workmen's Compensation Law (Publication 214 of the United States Children's Bureau), there are 15 States[2] of the Union with workmen's compensation laws worded like that of Puerto Rico (that is, neither expressly including nor expressly excluding illegally employed minors), in 9 of which States the illegally employed minor is included under the coverage of the workmen's compensation acts.

The decision of the Supreme Court of Puerto Rico stated in part:

> The Workmen's Compensation Act of 1935 (Act No. 45, Session Laws, p. 250) states that "workman" or "employee" shall be understood to mean any person in the service of any individual, partnership, etc. It also provides that the words "workman" or "employee" include "every laborer employed in any manufacturing, commercial, or agricultural establishment or occupation by any natural or artificial person, for any compensation, and by the Insular Government or any of its dependencies, according to the purposes of this act."
>
> By the above terms a child of 14, though employed without a permit, is a "workman" or "employee" under the act. The prohibition in section 8 of the Child Labor Act, supra, reads as follows:
>
>> That no child of 14 and under 16 years of age shall be employed, permitted, or suffered to work in, about, or in connection with any gainful occupation with the exception of domestic, . . . *unless his employer* procures and keeps on file and accessible to any officer, inspector, or other person authorized to enforce or aid in enforcing this act a permit to work during the school course, issued as hereinafter described. . .
>
> It may be seen from the above provision that the requirement is to be fulfilled by the employer. No duty is placed upon the child. The implication from the wording of the section, furthermore, is that it is the employer who should not permit or suffer the child to work for him under such circumstances. Both the punishment and limitation are directed at the employer. . .
>
> Weighing the hardship to injured children so employed, if forced to recur to the courts, against the burden upon the insurance system should they be protected, we [the Supreme Court of Puerto Rico] find the former to be the greater of the two. The employer can still be prosecuted under the Child Labor Act, and the number of accidents of this nature is so negligible that the effect on the State Insurance Fund or on the relative risk and responsibility of other employers in the same group may be disregarded.
>
> If children of a permissible age of employment are injured they should be protected by the terms of the Workmen's Compensation Act, for they

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[1] *Puerto Rico Labor News* (Boletín del Trabajo), Government of Puerto Rico, Department of Labor, San Juan, vol. 11, no. 1 (January-February 1939), pp. 13-14.

[2] Since this publication was issued, 2 of these 15 States have amended their workmen's compensation laws to provide for the payment of extra compensation in case of injury to minors illegally employed.

are just as much "workmen" under the act as adult labor. No distinction is made in the statute. The result of the omission of the employer should not be suffered by the child. Until the legislature expresses its intention to exclude illegally employed minors from the protection of the compensation law, they should not be denied such protection.

For the above reasons, the decision of the Industrial Commission should be affirmed.

NEWS NOTES

Occupational studies by State offices of NYA Recent additions to the growing series of occupational studies prepared by State offices of the National Youth Administration under the general direction of the Division of Guidance and Placement, headed by Dr. Mary H.S. Hayes, are as follows:

Aircraft Manufacturing in California, by Edward G. Stoy and Frances W. Strong. National Youth Administration, State of California, San Francisco. 1939. Mimeographed. 69 pp., plus photographs. "With approximately 1,000 new aeronautical inventions per year, methods of construction are altered frequently and often radically. . . The present data are presented in nontechnical form and should be useful as reference material for occupational study classes in high schools and for out-of-school youths, vocational counselors, and employment interviewers."

Growing, Marketing, and Processing Corn, by Theodore Thomas. National Youth Administration for Nebraska, Lincoln. April 1939. 120 pp. This study presents information on the present and future trends of corn growing, processing, and distributing, with simple narrative descriptions of the various types of work and workers involved.

Poster available on Fair Labor Standards Act A notice in poster form summarizing the provisions of the Fair Labor Standards Act of 1938 is available for free distribution. Copies may be obtained from the Wage and Hour Division or from the Children's Bureau of the United States Department of Labor, Washington, D. C.

The provisions of the act relate to minimum wages; hours of work; learners, apprentices, messengers, and handicapped workers; child labor; records; and penalties. Employers of workers engaged in interstate commerce or in the production of goods for interstate commerce are asked to keep copies of this notice posted where it can be read by workers in the plant.

BOOK AND PERIODICAL NOTES

(Child Labor)

PROTECTIVE LEGISLATION FOR SHOP AND OFFICE EMPLOYEES, by J. Hallsworth. Third edition revised. Oxford Press, Toronto. 1939. $1.50.

The new edition of this book, which was first published in 1932 and was revised in 1935, has been brought up to date in the light of recent legislative changes in England, Wales, and Scotland. These new acts include three Shops Acts passed in 1936; the Factories Act of 1937; the Young Persons (Employment) Act of 1938; the Children and Young Persons (Scotland) Act of 1937; the Education Acts of 1936; and the Public Health Act of 1936.

A chapter on child and juvenile-labor laws summarizes the history of the regulation of child employment in the United Kingdom exclusive of Northern Ireland, outlines present regulations, and gives statistics on child employment.

BOY TRANSIENCY IN AMERICA, by George E. Outland. Santa Barbara State College Press, Santa Barbara, Calif. 1939. 141 pp.

Fourteen articles dealing with boys wandering about in the United States, which have been written by the author over a period of 5 years, are here gathered in a single volume. One group of articles deals with education and educational backgrounds; a second group, with the work of the Federal Transient Service; and a third, with causal factors.

SOCIALLY HANDICAPPED CHILDREN

THE FUTURE OF THE JUVENILE COURT AS A CASE-WORK AGENCY[1]

BY ALICE SCOTT NUTT,
ASSISTANT DIRECTOR, DELINQUENCY DIVISION, U. S. CHILDREN'S BUREAU

Before the subject of the future of the juvenile court as a case-work agency is taken up, two points should be made clear.

First, there is no single mold or pattern in which all juvenile courts are cast. In the United States there are almost 3,000 juvenile courts--insofar as legislation creates a court--no two of which are exactly alike. In fact, juvenile courts of this country represent all stages of development. Nor is any one court representative of a single stage; instead, many a court is the embodiment of several stages of development.

Second, an agency may use case-work skills without doing case work. Therefore it is not questioned whether the juvenile court shall use a socialized or case-work approach; that is granted. Rather, it is questioned whether the court shall undertake more or less prolonged treatment by means of case-work techniques.

It is unnecessary to discuss in detail the steps by which the juvenile court arrived at its present status. You are all familiar with its history. When the newly established juvenile court sought to carry out its objective of saving rather than punishing the child, it found that merely a separate court for children was not sufficient. Court procedures had to be revamped and modified and treatment services developed within the court administration or in close relation to it.

As Frederick A. Moran pointed out when he talked before a joint meeting of the National Conference of Social Work and the National Probation Association in 1930,[2] before the juvenile court had proceeded very far in orienting itself in the task of dealing constructively with problems of delinquency, dependency, and neglect, it was given additional responsibilities. The early part of this century saw the enactment of protective measures for children, including the care of dependent children in their own homes at public expense. Because the juvenile court had developed certain social services as part of its organization, it rather naturally fell heir not only to these administrative functions but also to others.

Thus the court became, in the thought of many, the agency to which all unadjusted children or children needing care should be taken and the agency which should be directly responsible for the care and treatment of these children. In general, the court has certainly not resisted the tendency toward overloading it with these duties. In some instances the court itself actually sought additional duties. Frequently it has taken the point of view that as a public agency it could not refuse to accept any case which, by any stretch of the imagination, might be considered within its jurisdiction. We find it accepting the conduct problems of very young children. We find it making adjustments in many cases in which no official action is required, and in some instances dealing with unofficial cases which are only indirectly related to child welfare. We find the court performing police functions such as dealing with neighborhood quarrels, keeping order, and enforcing ordinances when children are involved.

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[1] Speech given at a joint meeting of the National Conference of Social Work and the National Probation Association, Buffalo, N. Y., June 20, 1939.

[2] Moran, Frederick A.: New Light on the Juvenile Court and Probation. Proceedings of the National Conference of Social Work, 1930, pp. 70-80. Chicago, 1931.

We find the court developing its own instruments for treatment, including the placing of children in foster homes. And as if all this were not enough, we find the court, because the community expects it, attempting to assume the task of leadership for the prevention and treatment of juvenile delinquency and for even broader aspects of child welfare.

It is scarcely necessary to analyze for this group what has been the result of this Topsy-like growth. As Judge Eastman pointed out to a regional conference of the Child Welfare League of America in 1935, once certain services were begun as part of the court work they were continued as a matter of course and gathered strength through precedent,[3] although the original reason for their initiation, namely the absence in the community of other agencies performing these services, often no longer existed. The court frequently came to consider itself and to be considered a social agency rather than a socialized court, although strangely enough it often held itself apart from the social agencies of the community, and its probation officers spoke of themselves as a group separate and distinct from other social workers.

Although the juvenile court now suffers from lack of adequately trained personnel, from heavy case loads, and from the too highly pitched hopes of its friends, certain movements may be observed which promise partial solution of some of these problems

In a number of States a State agency has a supervisory or advisory relationship to juvenile courts and probation officers. The efforts of these agencies are directed toward securing the appointment of personnel on a merit basis and toward raising standards of practice in social investigations and probation supervision.

Some courts are trying to limit their intake by discouraging the filing of complaints for trivial incidents; by recognizing that cases of dependency and neglect need not be brought into court unless problems of custody or wilful neglect are involved; and by referring, at the point of application, cases in which the need is for the service of an agency other than the court.

The growth of juvenile-aid or crime-prevention bureaus within police departments is evidence of recognition by the police of their responsibility in the field of delinquency: Responsibility for using a socialized approach to individuals in the performance of police duties and for being constantly alert to and enforcing laws and regulations relating to community conditions likely to be productive of delinquency.

Growing public interest in problems of delinquency and increased understanding of the relation of environmental factors to delinquency have stimulated efforts to throw an increasing amount of responsibility for the prevention of delinquency away from the court and back upon the community. Responsibility for leadership in this respect has been assumed in a number of communities by organizations combining lay and professional representation, such as councils of social agencies and coordinating councils.

Although these trends promise relief from lack of adequately equipped personnel, from overloading, and from the false expectancy of what the court should be able to accomplish, there yet remain definite limitations upon the functioning of the juvenile court as a case-work agency. Unquestionably, reason exists for the point of view which holds that although some courts have done case work and some courts have done case work with some children, the juvenile court, as it exists in most communities, has never been and is not now a case-work agency. Fundamental is the fact that no matter how socialized may be its procedure, how socially minded its judge, or how well trained its probation staff, the juvenile court still remains a court. Because it is a court certain concepts and attitudes with regard to it are held by the community, the child, and the court staff that hamper the smooth functioning of case-work processes.

The community, in no small degree, closely associates in its thinking the juvenile court with its concept of other courts, the criminal law, and punishment. This attitude may find expression in either of two ways. The community may look to the court to protect it from the child. It may exert pressure upon the court to act quickly and decisively to bring about compliance and conformity to what the community regards as socially acceptable behavior. It sees the delinquent child as quite different from other children and believes him likely to continue so, and thereby handicaps the court in its effort at treatment. On the other hand, the community may hold that any contact with the court stigmatizes the child. It may therefore refrain from seeking court action until the situation has become such that there is little which the court or any agency can do.

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[3] Eastman, Harry L.: The Juvenile Court; its purpose and function, p. 7. Child Welfare League of America, Inc. New York, 1935.

To a much greater degree than in the case of the client of an administrative agency, either private or public, the child coming to the juvenile court does not come voluntarily. This in itself makes him suspicious of and resistant to treatment. He is likely also to have a feeling of guilt and an expectation of punishment which are often reinforced by earlier contacts with the police, who may have threatened to send him to court if he is caught again. Not infrequently the court itself may threaten him with commitment to a training school. The difficulty of arriving at a therapeutic relationship under such circumstances is obvious.

The judge and his staff are not free from the handicaps of the atmosphere of authority and may fall victims to it. Few juvenile-court judges give their entire time to that court. Many of them give the greater portion of their time to adult offenders. They must therefore constantly make the adjustment from the point of view of the criminal court to that of the juvenile court. The judge must guard against the effect that the possession of broad powers, such as are given the juvenile court, is likely to have on any human being, no matter how well balanced he may be. The probation officer, because he has the authority of the court behind him, must resist the temptation to take the easier road and try to achieve by compulsion what the nonauthoritarian agency must achieve by case-work methods. Someone has described probation as case work with the punch of the law behind it. Unfortunately there have been times when the punch rather than the case work has predominated.

The fact that the juvenile court is a court results in certain structural and functional difficulties. The head of the juvenile court is rarely a person trained in social work. Ordinarily he has received his professional training in the field of law. If the court is primarily a judicial agency this arrangement is sound. If the court is primarily a case-work agency then it is not sound. In the latter contingency the work of those presumably expert in the case-work field is directed by an individual who is expert in another field. It might be argued that the head of a large agency needs to be primarily an administrator who knows how to use the services of experts rather than to be an expert in the field of the agency. However, the position of the judge in the court and his relation to the probation staff are unique in the social-work field. The judge of the juvenile court must give so much of his time to dealing directly with individual cases that often he has little time left for consideration of broad administrative policies. Furthermore, because both he and his staff deal with individual cases they may at times be in conflict as to procedure. This is in striking contrast to the situation in an administrative agency, in which the head gives the major part of his time to the formulation and direction of programs and policies, leaving the handling of individual cases to his staff. This division of responsibility tends to promote harmony in procedure.

Because it is a court, the juvenile court has certain functions entirely apart from case-work functions and a structure quite different from that of a nonjudicial agency. The court may use a socialized procedure, but because it is the offspring of the legal system this procedure is nevertheless a judicial one operating along legalistic lines. The handling of each official case in the juvenile court follows more or less a fixed routine--a petition is filed, an investigation made, decision reached as to the need for detention, witnesses summoned, a hearing held, and an order made. The probation or case work done is done under the direction of and within the framework of the law.

Several persons well known to this group have voiced their recognition of the limitations upon the development of the juvenile court as a case-work agency and also their belief that instead of continuing to broaden its function it should concentrate on a definite and fairly limited field. They have argued that the court should limit its intake to children in whose cases a real issue arises; that the judicial and case-work functions of the court should be separated; and that the expansion of treatment services within the court administration should be opposed, and their development, specialization, and coordination in the educational and public-welfare system should be encouraged. For example, in her recently published book, "The Child and the State," Grace Abbott said, "It seems a safe conclusion to make on the basis of experience in the United States, that we should not continue to ask a judge to decide what should be done for children requiring not legal but psychiatric and social treatment. When compulsory commitment or removal from the home is necessary, under our traditions, a court instead of an administrative agency must decide the question. In this connection, however, it may be noted that in the Scandinavian countries, where juvenile courts have not been created, official child-welfare committees have for some years decided even such questions as removal from parental custody and commitment to institutions."[4] Dr. Thomas Eliot, in his address before the National Probation Association in 1937, said, "I do believe that the mixture of true judicial functions with case-work functions in the same agency is one source of confusion and lack of coordination, and that it is in danger of being perpetuated when it might be reduced."[5] He distinguished sharply between judicial functions and case-work functions of the juvenile court, taking the point of view (1) that functionally case-work services and treatment processes inside and outside the court administration have more in common than have the judicial services of the court and its case-work offices; (2) that social efficiency is promoted and motivation and attitudes are clarified when incongruous functions are not performed by a single agency; and (3) that essentially judicial functions are incongruous with functions of child care and treatment.

I find myself in complete agreement with the philosophy that the ultimate objective should be the separation of the judicial and case-work functions of the juvenile court, with the court retaining responsibility for the former and an administrative social agency assuming responsibility for the latter. Under such a division of functions the cases of some children would be routed directly to social agencies, there being no need for judicial decision; the cases of others would be taken to court for judicial action and then transferred to social agencies for treatment. What then is the nature of the job to be assumed by the case-work agencies, and what are the practical possibilities of their assuming it at present or in the near future?

In the years that have passed since the first juvenile court was established, the concept of what constitutes case work for delinquent, dependent, and neglected children has undergone much change. Study of the problems presented by these children and their families has shown the interrelationship of delinquency. dependency, and neglect, not only with one another, but with the still larger problems of unadjusted family life, broken homes, and economic and political conditions. The delinquent, dependent, or neglected child cannot be dealt with as an independent, isolated bit of humanity. The seeds of his misconduct, social maladjustment, or neglect were sown in the inadequacies and insecurities of his family life and nurtured by the deficiencies of the community's provision for health, educational, recreational, and social services.

The needs of this child can be met only as comprehensive programs are developed which take into account the needs of all children; only as services are organized for family and child welfare which include material assistance to families, health services, social services, and provision for the child handicapped mentally or physically; and only as these services are brought into closer relationship with one another and with the other agencies in the community for the education, recreation, guidance, and general welfare of children. It is not enough that these services be available to the child who has already become delinquent, dependent, or neglected; they must be available and utilized for the child who is in danger of becoming so, long before the stage is reached at which court action is needed.

Since the establishment of the juvenile court there have come into existence many treatment services, both public and private. Among these are medical, psychological, and psychiatric care, attendance and visiting-teacher service, group work, special classes and schools, foster-home placement, special institutions for children presenting conduct problems. These services can be utilized for many cases of predelinquency, for cases now being handled by the juvenile court without the exercise of its judicial functions, and for the treatment aspects of many of the cases that come to the court for judicial decision.

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[4] Abbott, Grace: The Child and the State, vol. 2, The Dependent and the Delinquent Child, the Child of Unmarried Parents, p. 338. University of Chicago Press, Chicago, 1938.

[5] Eliot, Thomas D.: Case-Work Functions and Judicial Functions; their coordination. Yearbook of the National Probation Association, 1937, pp. 252-266. New York.

The most significant development, however, which indicates the possibility and probability of relieving the juvenile court of its case-work functions is the organization of local public administrative units for child care in which are being coordinated various social services for children. For a number of years, several States have had provision for such units, which are generally called public-welfare or child-welfare departments. Through the provisions of the Social Security Act for child-welfare services in rural areas, existing units have been strengthened or new ones established in these and additional States. By means of this type of organization it has been possible to bring together various kinds of specialized services and to employ well-qualified personnel to administer them.

In rural areas the activities of these departments have generally included case work for children in danger of becoming delinquent and children coming to the attention of the court, as part of an organized child-welfare program and the performance of administrative functions relating to the care and support of delinquent, dependent, and neglected children by local officials.

Recently I visited rural counties in several western States where I had an opportunity to observe some fine working relationships between juvenile courts and county departments of child welfare. These juvenile courts, many of which are entirely without social-work staff, are welcoming the services of children's workers. They ask for assistance in making adequate investigations, in planning constructive work with families before they are broken, and in caring for children in their own communities without commitment to correctional schools. In some counties all case-work services for the court are performed by the children's worker from the county department.

In urban areas the organization of public child-caring departments with broad and integrated services has proceeded more slowly than in rural areas. The desirability of setting up such departments, however, is being increasingly recognized, and several large urban centers have established them or are taking steps toward that end. Such departments will make available to the court facilities for the exercise of administrative social-work functions preceding or attendant upon the exercise of legal functions.

The tendency apparent in the legislation of the past few years is to empower these departments to accept for care, without court action, children whose primary need is for case-work services and support from public funds and about whose custody there is no controversy. In addition, the language of the acts creating these departments with respect to their responsibility toward neglected children is usually so general that socially minded interpretation and administration will make it possible for the department to perform protective services: services which--in the absence of other public agencies to investigate the complaints, do the necessary family rehabilitation, or plan for the care of the child--the court has had to assume. Increasingly, as children need no longer be brought to court in order to get specialized service, one finds parents, other individuals, schools, and even police officers referring the problems of children to these departments. Most encouraging is the fact that they are tending to refer them at an earlier stage than would be likely if they had to take them to court for official action.

All this indicates that it is quite possible to look forward to transferring the treatment or case-work functions now handled by the juvenile court to administrative agencies. The change will probably come slowly in some areas, very rapidly in others. In large cities the juvenile courts will probably continue to function for some time to come as they have in the past. The very complexity and multiplicity of the social-work organization in these cities will compel change to be slow-moving. In some cities the administrative agencies may be reluctant to accept this new responsibility and to develop their programs accordingly. In areas in which public-welfare and child-welfare services have hitherto been almost entirely lacking, their development will inevitably mold and modify the juvenile-court structure. It is well enough that the change should be of an evolutionary rather than a revolutionary nature. It is important, however, that we keep in mind the ultimate goal so that as we strengthen existing services and develop new ones we assist rather than oppose the evolutionary process.

Finally, the juvenile court will take its rightful place in the community, not as the central agency around which is built the whole child-welfare program but as only one agency in the whole field of social organization. The court will nevertheless be an important agency with a place that only it can occupy and a function that only it can perform.

Even though the availability of treatment services in administrative agencies will make it possible for the juvenile court of the future to divest itself of case-work functions and to specialize in the judicial field, it will continue to have a close relation to the case-work field. Although not undertaking case-work treatment, it will need to proceed on case-work principles and to use case-work skills. It will need social workers on its staff to make investigations of the type that are truly diagnostic. It will need to be familiar with the resources of the community, for while it will not administer services it will have the responsibility for selecting and utilizing services. It will on occasion be used as a tool in treatment since, as Judge Smyth so well illustrated in his discussion of "The Family in Court" before the National Probation Association last year,[6] exercise of the control and authority of the court may be a step in the case-work process. But primarily the court will be an agency for determining issues, for settling controversies, for deciding need for treatment and the agencies best able to meet that need. Judicial functions will be clarified, strengthened, and rendered more effective. Relieved of extraneous duties, the juvenile court will have a field in which it can and should be expert--and this is no mean task.

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[6] Smyth, George W.: The Family in Court. Yearbook of the National Probation Association, 1938, pp. 53-65. New York.

BOOK AND PERIODICAL NOTES
(Socially Handicapped Children)

DEFINING FAMILY CASE WORK SERVICES IN RELATION TO CLIENT APPLICATIONS: I. RELIEF AND RELIEF-GIVING, by Helaine A. Todd; II. DEFINING FUNCTION IN SPECIFIC CASES, by Harriet Guignon. Family Welfare Association of America, 130 East Twenty-second St., New York. 1938. 43 pp.

These are two theses presented to the faculty of the Pennsylvania School of Social Work. They contain illustrative case material with discussion of that material. Part I is focused on relief, the recipient of relief, and the attempt that is made in the first interview to reach a clear understanding of whether the need is primarily for relief or whether personal help is also desired and why under the circumstances relief can or cannot be granted. Part II shows how the function of the agency is defined to the relief recipient so that he can then decide whether he desires to use such service--a decision in which the agency also participates.

THE SUSTAINING TYPE OF CASE WORK: CASE PRESENTATIONS, I., by Beatrice H. Wajdyk; II., by Edna Astley and Ruth Davis. Family Welfare Association of America, 130 East Twenty-second St., New York. 1938. 61 pp.

This analysis of two family cases is of particular interest to child-welfare workers because of the problems presented by the children. These problems were not approached directly but instead treatment was focused on the mother through accepting her and her difficulties and helping her to gain insight into her problems.

THE HISTORY OF PUBLIC WELFARE IN NEW YORK STATE, 1609-1866, by David M. Schneider, Ph.D. University of Chicago Press, Chicago. 1938. 395 pp. $3.

All fields of social work in New York State, financed or controlled by public agencies, whether

Federal, State, or local, are covered in this book. Developments in the field of private social work influencing public welfare are also discussed.

Child welfare and public education are discussed in connection with each of the chronological periods covered--the system of indenturing dependent children in the early Dutch period, the establishment of orphan asylums and free schools for poor children after the Revolution, and, finally, the growth of organizations for neglected and dependent children.

THE ROAD UPWARD: Three Hundred Years of Public Welfare in New York State, by David M. Schneider and Albert Deutsch. New York State Department of Social Welfare, Albany. 1939. 59 pp.

This is the first of a series of pamphlets on Social Welfare Today in New York to be issued by the New York State Department of Social Welfare.

In each period of the history of welfare work in New York State mention is made of work for children, beginning with the indenture of a group of orphans from the charitable institutions of the Netherlands in 1654.

OF CURRENT INTEREST

Children's Bureau publications recently issued

The Community Welfare Picture as Reflected in Health and Welfare Statistics in 29 Urban Areas, 1938, is the title of a report giving data from 29 of the areas cooperating with the Children's Bureau in the registration of social statistics (Washington, June 1939, 69 pp.; processed). The data cover total and per capita expenditures for family welfare and general dependency, care of children, leisure-time activities, hospital care, and other health services. Certain data on numbers and types of cases are presented for the first two fields. The report also includes a discussion of sources of funds, auspices under which the reporting agencies operated, and size of reporting units.

Selected List of Publications (Children's Bureau, Washington, June 1, 1939, 20 pp.) includes Children's Bureau publications of recent issue and such older reports as are still of value because of unchanged conditions or lack of other material on the subjects treated.

Single copies of both these publications are available from the Children's Bureau on request.

IMPORTANT

Under Postal Laws effective July 1, 1939, it is necessary to drop from the mailing list for *The Child*, Monthly News Summary, and Social-Statistics Supplements the names of all persons or organizations (except libraries) that do not request the Children's Bureau to continue to send them these publications.

A request blank is enclosed with this issue. To insure uninterrupted receipt of *The Child* and Supplements, please sign the blank and return it promptly to the Children's Bureau, U. S. Department of Labor, Washington, D. C.

CONFERENCE CALENDAR

Aug. 6-11	World Federation of Education Associations. Eighth biennial congress, Rio de Janeiro.
Aug. 14-18	National Medical Association. Forty-fifth annual convention, New York.
Aug. 27-31	American Dietetic Association. Annual meeting, Los Angeles.
Aug. 30-Sept. 2	American Country Life Association. Pennsylvania State College, Pa.
Sept. 11-15	American Congress on Obstetrics and Gynecology, Cleveland. Sponsored by American Committee on Maternal Welfare. Fred L. Adair, M.D., Chairman.
Oct. 9-13	National Recreation Association. Twenty-fourth national recreation congress, Boston.
Oct. 9-14	International Association for the Promotion of Child Welfare (Association Internationale pour la Protection de l'Enfance). Fourteenth session, Rome. Headquarters of the Association: Avenue de la Toison d'Or, 67, Brussels.
Oct. 12-19	Eighth Pan American Child Congress. San José, Costa Rica. (See page 9.)
Oct. 16-20	National Safety Council. Twenty-eighth national safety congress, Atlantic City. Information: National Safety Council, 20 North Wacker Drive, Chicago.
Oct. 17-20	American Public Health Association. Sixty-eighth annual meeting, Pittsburgh.
Oct. 22-25	International Society for Crippled Children and National Society for Crippled Children. Annual meeting, Dallas, Tex.
Oct. 23-29	Better Parenthood Week. Sponsored by *Parents' Magazine*, 9 East Fortieth St., New York.
Oct. 26-28	National Society for the Prevention of Blindness. Annual conference, Astor Hotel, New York. Permanent headquarters: 50 West Fiftieth St., New York.
Nov. 16-18	American Academy of Pediatrics. Annual meeting, Netherland Plaza Hotel, Cincinnati. Permanent headquarters: 636 Church St., Evanston, Ill.
Nov. 21-24	Southern Medical Association. Thirty-third annual meeting, Municipal Auditorium, Memphis, Tenn. Permanent headquarters: Empire Building, Birmingham, Ala.
Dec. 4-8	American Farm Bureau Federation. Twentieth anniversary meeting, with agricultural educational exhibit, Stevens Hotel, Chicago. General offices: 50 East Washington St., Chicago, Ill.

Published under authority of Public Resolution No. 57, approved May 11, 1922 (42 Stat 541), as amended by section 307 Public Act 212, approved June 30, 1932 (47 Stat. 409). This publication approved by the Director, Bureau of the Budget, May 12, 1936.

U. S. GOVERNMENT PRINTING OFFICE: 1939—O-156963

THE CHILD

Monthly News Summary

lume 4, Number 2

August 1939

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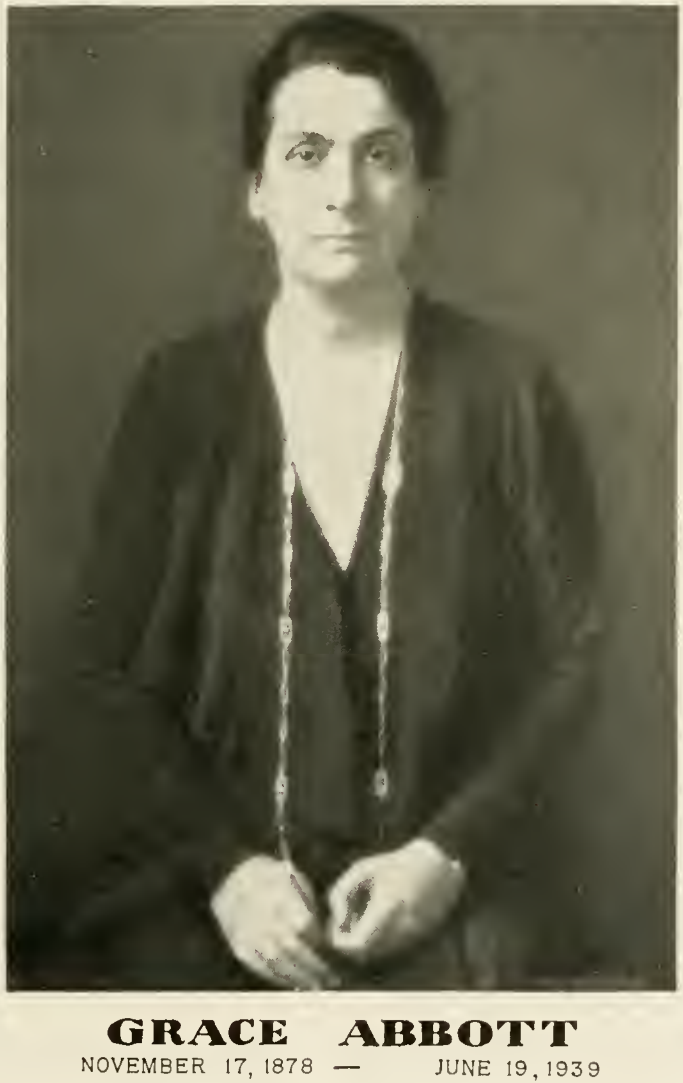

GRACE ABBOTT

NOVEMBER 17, 1878 — JUNE 19, 1939

CHILDREN'S BUREAU
U.S. DEPARTMENT OF LABOR – WASHINGTON, D.C.

U. S. SUPERINTENDENT OF DOCUMENTS
SEP 13 1939

THE CHILD

MONTHLY NEWS SUMMARY

Volume 4, Number 2 August 1939

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For sale by Superintendent of Documents, Government Printing Office, Washington, D. C.
Subscription price $1 a year; postage additional outside the United States.

Grace Abbott: Public Servant

By Frances Perkins

Grace Abbott I regard as one of the greatest women we have ever produced here in the United States of America. Perhaps the best answer I could give to a question of how women attain real achievements in government is to say why and how Grace Abbott achieved in government. She held high office in the Federal Government as Chief of the Children's Bureau, and she could have held higher office if she had desired.

When Miss Abbott could no longer be persuaded to remain as head of the Children's Bureau it was a very great disappointment to me, because she was carrying out a plan she had had under consideration for several years. Her advice and cooperation in treating not only the problems of the Children's Bureau but those of the whole Department of Labor were of inestimable value to me in my first year as Secretary of Labor.

Our personal friendship was enriched by this period of association in work, and I often called on her for advice and assistance in the work of the Department, which she generously offered to continue to give. Until her death she maintained a direct advisory relationship to the Children's Bureau.

Grace Abbott was one of the most distinguished women in America, with a scope and authority in the field of public welfare and a concentration upon the problems of labor as well as of children which made her leadership in these fields of great value not only to the Government, but to private social agencies everywhere. The competence and integrity of her research and the effectiveness and humanity of her presentation of factual material to people who needed it for personal guidance in the daily life of children and families gave her a unique position in American life, the results of which will be felt for many generations.

What was her pattern? First of all it was a pattern of professional standards and perfection. I never knew more the sense of a professional approach to every problem that she had in mind and of a competence, the same competence and skill that a craftsman has, or a machinist has. She knew how to do. She knew how to analyze social problems. She knew where to find the medication or the relief for these problems; she knew how and when to apply it; and she knew and understood the human heart and the human brain through which it had to be applied.

Grace Abbott had knowledge. She studied to get knowledge; then she went on and kept her power of acquiring more knowledge out of experience and out of other people's experiences. That, of course, is one of the great advantages of the trained and educated mind—it can learn not only by its own experience but by the recorded experience of others, and learn to associate these two phases of developing information into one pattern.

The old-fashioned virtues of conscience and character were hers. The advance of women in government or in the learned professions is impossible without conscience and character. Women without those qualities, however brilliant their minds may be, however sparkling their personalities, will not make the progress that we want to see them make.

Grace Abbott had that broad, cultural education which expanded the heart and strengthened the faith and aspiration; she had professional training which sharpened her mind as a tool; and she had that self-discipline which everyone needs who undertakes a responsibility. Everyone who takes an oath and solemnly swears that he will perform certain duties under the law and within the law, so help him God, must impose upon himself a certain self-discipline, and persons who have not learned self-discipline as early at least as their years of education find it hard to acquire under later stresses and strains when they bear responsibility.

Then, Grace Abbott had a profound and steady and unalterable unselfishness: She had always the conception that she was less important than the people whom she served, than the women and children of this country who looked to her for the solution of their troubles. I knew her once to risk her health against the plea of all of us, for we were worried about her health. Her only answer was, "No person is as important as this program which we have in mind, and it so happens that for the moment I am the only person who can defend it. The rest of you can stay outside and shout, and that will help. But because I am the only person who can defend it, to be of help to mothers and of help to infants, to save infant lives and maternal lives, I am the one to go forward and fight for it." She went with the most extraordinary disregard of herself—what I call truly scientific and impersonal unselfishness.

Her ability to cooperate enabled her to work with all kinds of people. She could humble herself. It is one of the greatest assets which every woman who, like Grace Abbott, undertakes to go into public life and public office must learn—the art and the grace of humility. I have seen her—and she was a proud woman—with great humility suffer fools gladly, listen to the most preposterous advice respectfully; and, if it was kindly and warm-hearted, she thanked the giver for the advice, and that, of course, was done with real sincerity. That was why she was able to cooperate with all kinds of people and get the best out of them. Members of her staff will tell you that. Nobody ever got so much work out of any staff, I think, as she did, and that was because she knew how to cooperate with people, not only how to direct them but how to cooperate and bring out of them the best that was in them.

Her manners were what I like to call "equalitarian manners." I remember being taught by my father as to what were the proper manners for people who lived in a democracy—how one must never overlook any one, because the least of these is our brother and, in addition to that, our fellow citizen; and how one must have a way, an approach to people with whom one talked, not subservient, not arrogant—I know no better word for it than equalitarian. That does not mean to have rough manners. They are good manners, manners of dignity and kindness. Grace Abbott had those, and every woman who hopes to go into public office must learn to acquire them. There must be no pride of intellect, no pride in experience, and no pride like vanity if women are to do the work that they have an opportunity to do in high public office.

And then she had the capacity to take ridicule and abuse (I have seen her do it) without anger or resentment or—more important—a sense of degradation and despair. Many remember the days when speeches were made on the floor of Congress asking what right that "old maid" had to go to people and tell them how to bring up their children! Grace Abbott and her predecessor, Julia Lathrop, had to "take it," but they walked out smilingly, just as though nothing had happened.

Because she had flexibility Grace Abbott could change her mind and adapt her program, was ready to take the best she could get at the moment and go forward from what she had to what she believed ought to be.

In short, Grace Abbott had the qualities and virtues that I think will help women to be successful in the administration of government enterprises of all sorts, for those who administer government enterprises deal with the public. The public must be met on honest grounds in an honest way, yet with full insight into the problem and into the meaning of the problem, and into the agony and the tragedy of those who hope the Government will help them solve their particular problems.

Those who have never seen poor people buckling in their belts, holding their chins up, and going forward courageously in hope and faith that the community they live in is a community of good and Christian people who will see them through, those who have never seen them face disappointment, cannot appreciate what it is they mean when they say, "This is a free country. This is a democracy—isn't it?" They are not thinking of the form of government. They are thinking of the relations between individuals in whom they believe because they are fellow Americans. One of the tasks of the educated woman is to help make the relationship among all our people one of confidence and sympathy and understanding, not because one has read about trouble in books but because, like Grace Abbott, one has known and seen poverty and allowed one's self to be touched by it and its pity and terror.

The example of Grace Abbott's life and work is worth following—insight developed by direct contact with poverty and trouble. She summoned her knowledge, her skill, her discipline and found the practical solutions. She summoned her courage and her patience and applied adroitly the solutions to the situation.

"May she go from strength to strength in the life of perfect service."

Grace Abbott and the Children's Bureau

By Katharine F. Lenroot

How well I remember the August day in 1921 when Julia Lathrop, dearly beloved first Chief of the Children's Bureau, turned over the helm to Grace Abbott, strong and able in the power and wisdom of her 43 years. Her Middle-West pioneer heritage, her sister's early interest in social welfare, her years at Hull House with Jane Addams, her work with the foreign born, her experience in training for social work in the old Chicago School of Civics and Philanthropy, her work as director of the Child Labor Division of the Children's Bureau when it was entrusted with the administration of the first Federal Child-Labor Law, her later work with the War Labor Policies Board, as secretary of the second White House children's conference and as secretary of the Children's Commission on Employment of the first International Labor Conference, had given her rich preparation for the responsibilities which she was to carry with distinction for 13 critical years.

As we walked over to lunch at the "inn" from the lath-and-plaster temporary building which housed the Children's Bureau for many years, Grace Abbott spoke with humility of the loss which Miss Lathrop's going meant to the Children's Bureau, and of the greatness of the task which she was assuming. In these first days in office, she spent many hours going over the run-of-the-mine correspondence in recent months, getting a bird's-eye view of the services which mothers and those working with children were asking of their Bureau, of the problems which were placed before it for study and recommendation.

The Congress was in session that summer, and the Sheppard-Towner bill—the pioneer Federal-aid measure for maternity and infancy—was under consideration. At hearings and on the floor, the "old maids" at the Children's Bureau who had what seemed to many to be fantastic ideas about the Government's responsibility for human welfare were the subject of attack and ridicule. But Miss Abbott's courage and forthrightness inspired confidence, and the measure became law in November of her first year as Chief. Before she actually began the administrative duties which the new act placed upon her Miss Abbott made a hurried trip to Puerto Rico and the Virgin Islands to see how work for children was progressing that had been inaugurated by Miss Lathrop.

The Sheppard-Towner Act was constantly under attack during the short period of 7 years when it was in operation, from those who felt it might interfere with the private practice of medicine, from women who had fought against suffrage and now fought against the extension of government services for the protection of motherhood and childhood, from those who challenged the theory of Federal participation with the States in saving the lives of mothers and babies, though they had no word of opposition to Federal and State cooperation to wipe out diseases of cows, pigs, or plants. Yet through it all Miss Abbott was a calm, steady, and conservative administrator, content to follow the long road of gradual development through the establishment of relationships of mutual confidence and understanding between the State agencies and the Federal Government, rather than to take short cuts of Federal imposition of detailed or inflexible requirements.

Back of the State programs of public-health nursing, prenatal and child-health conferences, supervision of midwives, instruction of mothers through class work and the printed word was the force of public opinion, made effective through the inspiration of Grace Abbott and under the leadership of women like Maud Wood Park. This public opinion was mobilized largely through the agency of women's organizations coordinated for legislative work by the device of the Women's Joint Congressional Committee. Above all other Federal bureaus, the Children's Bureau in that first decade after woman suffrage was achieved represented women's stake in government. Miss Abbott was the hero and the pride of women who were just beginning to find a place in public affairs.

The genius for leadership which Grace Abbott manifested throughout her life was perhaps exemplified best in the fight for the child-labor amendment—a piece of unfinished business which was in her mind and on her lips as death approached. To the task of laying a foundation for Federal protection of children against work, that interfered with health, schooling, or that priceless share of freedom for play that is to a child what civil rights are to the adult, Miss Abbott brought legal training and personal friendship with the best in the legal profession and the leaders in the labor movement. Wisely, the task of drafting the amendment was entrusted to a citizens' committee working under the chairmanship of Samuel Gompers. It was Miss Abbott in Congressional hearings who, with unsurpassed clarity and quickness of response, discussed the many difficult constitutional questions which consideration of the amendment presented and gave the committees an incontrovertible foundation of fact as to the need for Federal action. Her intellectual leadership was so firmly established in the hearings that her judgment as to amendments presented when the proposal reached the floors of House and Senate was accepted unhesitatingly by its proponents. Through roll call after roll call on weakening amendments the lines were held, and the final vote on submission of the amendment to the States was carried by 61 to 23 in the Senate, and 297 to 69 in the House.

The action of the Supreme Court last June in holding the amendment still open for ratification brought Miss Abbott, in her final illness, the keenest joy. She telegraphed to the Children's Bureau that day, saying "it certainly was a famous victory." Completion of ratification by the eight States whose action is needed to place it in the Constitution will be the best monument that could be erected to the memory of this great friend of children.

Miss Abbott lived to have a share in the framing of the Social Security Act, which placed on a firm and greatly expanded basis the work which she began under the Sheppard-Towner legislation. She would have rejoiced in the passage of the social-security amendments, extending the benefits and services provided. She was keenly interested in the development of the outlines of a national health program, and she rejoiced in the enactment of the Fair Labor Standards Act of 1938, with its child-labor provisions. She was greatly concerned, in her last days, with the problems and future of the United States Department of Labor, the department which throughout the years has provided the shelter and framework within which the Children's Bureau has functioned—and she was troubled, yet confident, in regard to the future of the International Labor Organization.

Through all her years of close contact with the executive and legislative branches of government—in times of reaction and in times of advance—Grace Abbott preserved a vigorous faith in the American people, in representative government, and in democratic processes. Even when it was most difficult to secure the needed legislative foundation for the safeguarding of mothers and children, Miss Abbott was always the first, in conversation, to come to the defense of the basic integrity and ability of the elected representatives of the people. She was patient and tolerant in all her dealings with her associates and superiors in the executive branch of the Government, and she rejoiced in the friendship of that great jurist, Justice Brandeis. Even when the lines of battle were most closely drawn and she was mustering all her resources for combat, Grace Abbott was never petty or bitter in her attitude toward her opponents. She loved to say of the juvenile court that it represented "Justice with her eyes unbandaged." She herself faced life always with vision unclouded by anger, annoyance, or vengeful passion.

Although Miss Abbott was a great administrator and a great leader, it is as a fearless and careful seeker for truth that she made her deepest impress. With rare understanding of the significance of underlying social and economic trends, Miss Abbott saw the needs of children always in relation to general social needs, but unfailingly insisted that the needs of children were paramount.

Without hesitation in times of crisis or in areas of special strain Miss Abbott sent investigators of the Children's Bureau to determine and publicly report the effect of economic and social distress upon the lives and health of children. In so doing she was carrying out the primary purpose of the Children's Bureau—"to investigate and report * * * upon all matters pertaining to the welfare of children and child life." Her studies of the welfare of the children in families of maintenance-of-way workers and other railroad employees, her reports of conditions surrounding children in coal-mining towns, in sugar-beet fields, in migrant families following the crops, have been important sources of information needed as a basis for a just ordering of economic life. She was among the first to show clearly the need for Federal unemployment relief, and the Bureau studies of the transient boy in the early years of the depression paved the way for later studies and for remedial measures.

With the keenness of her thought, the sureness of her judgment, and the convincing impact of her forthright American purpose, Grace Abbott penetrated large areas of American life and of international activity. The staff of the Children's Bureau is proud that for 13 years the Bureau was the chief instrument through which she made her leadership effective. To the end of her life she thought of herself as part of the Children's Bureau, and the Bureau staff, on its part, cherished her as its "Chief." She fulfilled the promise in the closing paragraph of her letter of resignation, and the entire letter may be regarded as a charter for the future of the work which she held so dear. Following an introductory paragraph she wrote:

> In resigning from the Children's Bureau, I want to say that year by year evidence has accumulated of its importance in our national life. Children are so affected by industrial and other basic community conditions that a final test of our recovery program may well be what it does to remove the injustices from which children have suffered in the past. But as children are not merely pocket editions of adults, special health and protective services for children are essential for their optimum growth and development as well as measures which will bring security to the wage earner and the farmer.
>
> The Children's Bureau combines in its staff training and experience in the techniques and procedures which such services for children require. Pediatricians, social workers, lawyers, and labor administrators employed by the Bureau are in the habit of working out together the programs which are necessary for the care and protection of children. Through the years the Bureau has developed cooperative relationships with State and local departments of labor, health, and welfare. As we pass through and out of this period of great suffering by many millions of children, it is of the greatest importance that we make sure that the special health and medical services which children require, the community services which are necessary to prevent delinquency and to care adequately for all the children who suffer from special handicaps, are provided. Since these are national as well as State and local problems, it is important that the United States Children's Bureau be enabled to cooperate more effectively, with money and personnel, in the development of these services.
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> With your appreciation of these problems and the Secretary of Labor's understanding of the special measures which are necessary for the accomplishment, I leave in the belief that the program of the Bureau will be developed and expanded during this administration.
>
> In connection with this official leave taking, I should like to say how greatly I have appreciated the opportunity which you have given me of working with and under my friend, Frances Perkins, and my hope that I may continue as a private citizen that relationship with her and with my successor and former coworkers in the Children's Bureau.

Grace Abbott of Nebraska

By Hon. George W. Norris

I am unable to express the love and admiration of Nebraska people for Grace Abbott. As Nebraskans, we are proud of her career, her life, and her work. She has brought to our great Commonwealth honor, credit, and distinction. We are proud, as Nebraskans, to be represented by the character and life work of this great woman.

But Miss Abbott was more than a Nebraskan. While I am proud of her, while I am proud to say she was born and reared in Nebraska, yet I think of her, not as being a Nebraskan, but as being a national character and an international character. Her life and her life's work went far beyond the confines of her native State. Few women in this world have done as much good for suffering humanity as she has accomplished. Thousands, yes, millions of little children have grown up into noble manhood and womanhood because of her work, her teachings, and her accomplishments. She brought happiness to many thousands of little children.

The noblest of all human activities is the work that preserves the life and adds to the happiness and comfort of little children. When we remember that the children of today are to be the men and women of tomorrow, and that the future of our country and of the world depends to a great extent upon the training and development of these children, we begin to realize how the greatest accomplishment that can come, for the benefit of future generations, must come from the training of little children for the work, the labor, and the responsibilities that will soon be theirs.

The work of Grace Abbott never can be fully evaluated. It is difficult even to comprehend how the influence of her energy is imperceptibly, unconsciously, but nevertheless forcefully, increasing happiness and replacing suffering and misery with comfort—that wonderful influence upon men and women everywhere, that indescribable, silent force that improves manhood and womanhood from infancy. We love to honor our leaders, our statesmen, our jurists, our philanthropists, but too often we forget the noble men and women who, like Grace Abbott, have, silently and unknown, accomplished more for the betterment of humanity and the alleviation of human suffering than has often come from the clamor and publicity which have surrounded the acts of powerful and influential advocates and leaders. Upon the brow of this great woman, a just and righteous history will place a diadem of virtue and honest endeavor second to none.

Childhood Scenes[1]

One of Grace Abbott's friends once asked why she did not write "the recollections of a prairie child." Her childhood was spent in the prairie town of Grand Island, Nebr., whither the adventuring spirit of her New England abolitionist family had taken them. Her father, one of the State's first lawyers, was a member of the State's Constitutional Convention, and served a term as Lieutenant Governor. Her mother, who is still living, was one of the early and distinguished graduates of Rockford College—a pioneer college for women in the northern abolitionist section of the State, where her family kept a station on the old "underground railroad." A few years ago this college, on the occasion of its ninetieth anniversary, awarded an honorary degree to Elizabeth Griffin Abbott in recognition of her services in behalf of education in the pioneer State of Nebraska. Mrs. Abbott, who was then over

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[1] As told to Elisabeth Shirley Enochs, U. S. Children's Bureau.

90, was unable to go to Illinois to receive the hood, and it was her daughter Grace who received it for her.

Mrs. Abbott was likewise a pioneer in the woman-suffrage movement and frequently entertained Susan B. Anthony. Grace Abbott often mentioned these visits and laughingly commented on her father's approval of Miss Anthony's taste in dress and his hope that his daughters, when they grew up, would adopt the heavy, black silk dress with white ruching as suitable and dignified attire for serious-minded young women.

But although Grace Abbott did not adopt Miss Anthony's fashion in dress, she did adopt her views on suffrage, and her contribution to the cause was recognized many years later when a group of woman-suffrage leaders presented to her a letter written in 1881 by Susan B. Anthony urging her coworkers to concentrate their efforts on Nebraska, where a State referendum on woman suffrage was in preparation and where chances for success seemed particularly bright. The letter was presented to Grace Abbott as perhaps the most prominent Nebraska woman who had worked for suffrage and the woman who had carried on in our own day and time the fine spirit and courage of the Nebraska women of the eighties.

In those early days, too, there were grasshoppers, drought, crop failures, and depressions. Miss Abbott often described how these calamities affected her own family and plans for the children's education. But back of it all, she had the warm security of a home and the affection of devoted parents, brothers, and sister. This background gave Miss Abbott an understanding of the struggles which parents are willing to make for their children and increased her eagerness to see all American children enjoy a reasonable minimum of opportunity for pleasant home life, affectionate care, and good schools. In her early years her first pioneer victory was won in the field of letters—literally.

Here is the story in her own words:

One day in September when I was only 4 years old I visited school for the first time, on a special invitation from the teacher. I went to the blackboard with the older children to write the letters of the alphabet. I knew just one, A, so I covered my board with A's. The teacher erased all my beautiful A's and wrote a B on the board. "There," she said, "You know the A's, Grace, now make some B's." But I thought I knew my limitations, so I made another row of A's. The teacher returned and explained that I must learn to make B's. Whereupon I said, "I can't make B's, I tell you—I can't and I can't!" I put down my chalk and went home.

My mother said, "Well, never mind, play in the garden like a good girl, but remember, you'll have to learn to make B's sometime."

Grace Abbott as a child

The next year, when I was old enough to enroll in school, I had learned to make many other letters, but the B's were still unconquered. And I can remember my brother warning me, the first day of school, "If you don't learn to make B's, you'll never be able to learn to read and write." When I returned that evening with my lovely new slate bound in red felt, I repeated to myself, "Well, I've got to learn to make B's or I'll never be able to read or write." I did not want to be shown how. I had been shown so often—probably one explanation of my difficulty. I left the cheerful porch where the events of the day were being discussed by my brothers and sister and went into the parlor to meet my crisis alone. I emerged soon with my slate covered with B's and the certainty that I was not to be numbered among the illiterate. And there was great rejoicing over my victory at supper that night!

After Grace Abbott had finished with the A's and B's of the little red schoolhouse, she went through Grand Island College, did graduate work in the University of Nebraska, and then more or less drifted into teaching.

During her college years one of Grace Abbott's friends was Ruth Bryan, daughter of William Jennings Bryan. Their fathers had diametrically opposite political views, but the two girls were always good friends; and when Ruth came to Washington as Congresswoman from Florida, she worked closely with Grace, the Chief of the Children's Bureau—just as in the old Nebraska days they had acted together in amateur theatricals. Grace Abbott used to tell of one of the plays in which Ruth Bryan was the leading lady while she herself took the part of an English butler. There had been some difficulty in assembling a wardrobe. Grace finally made her appearance arrayed in some clothing borrowed from the "great commoner" himself. The coat and hat, though many times too big for her, evoked great applause and amazed comments.

Miss Abbott was as interested in individual children as in the cause of childhood in general. After she came to the Children's Bureau a school-girl niece came to live with her, and boys and girls spilled all over the place. She would pause in a moment of her campaign against infant mortality to send baby turtles to a youngster sick in the hospital, or an ingenious new toy to the small child of one of her Children's Bureau staff. She took a special interest in the adopted child of Clark, one of the messengers on the Bureau's staff. On Sunday afternoons she could sometimes be found playing ball with the young sons of another Bureau associate, and on her last day as Chief of the Children's Bureau she called for these two boys in order to spend the afternoon with them in a speedboat on the Potomac.

Her deep understanding of the child and her deep understanding of politics are alike revealed in her comment on the short-sightedness of a certain mother who could not understand why her two sons wanted to stay in the garden late in the evening to keep the boys next door from tearing down a hut they had laboriously erected that day. "But you can rebuild it tomorrow, even if they do tear it down," the mother had said. "What that mother didn't understand," commented Grace Abbott, "was that it was not the tearing down that mattered, it was letting somebody else get ahead of them."

A Good Citizen

By William L. Chenery

Grace Abbott was a graduate student of the University of Chicago when I first knew her. She had done a brief turn at teaching after graduation from Nebraska, and she was ripe for broader fields in which to exercise her great gifts and qualities. She came of abolitionist stock, and she inherited the abounding energy of her pioneer parents. In her a passionate sense of public right was leavened by a great good humor and almost intuitive perception of the thoughts and feelings of many sorts of men and women.

Miss Abbott had not been long in Chicago when her services were demanded by a group of men and women whose compassion had been aroused by the exploitation of immigrants, then being imported by the hundreds of thousands to do the work of America's expanding industry.

Grace Abbott dropped her graduate studies to defend these helpless strangers. When she was able finally to return to the university it was as a distinguished professor and a world-famous authority on problems of government involving an understanding of the underprivileged and of doing justice to them.

Her work in behalf of immigrants was brilliantly successful because she had the wisdom to search for the significant facts of their introduction to America. She had the wit to look for essentials and the patient energy to drive on until she found the facts upon which convincing conclusions could be built. When she approached a problem she scorned to let her preconceptions interfere with her inquiries. Quick and flashing as was her intelligence, she jumped to no conclusions. Consequently when she made a report she created public opinion. Her facts were indisputable and her reasoning sound. Nobody in Chicago and perhaps no one in America did more to put an end to the exploitation of immigrants. When she described the tortuous routes immigrants were compelled to take from New York to the West in order that all interested railroads might share in their fares, public opinion ended peremptorily the callous abuse.

Immediately on leaving the university Grace Abbott went to Hull House to live. Around Jane Addams a group of distinguished women had gathered. Alice Hamilton was making the first of her far-reaching studies of industrial diseases. Florence Kelley, pioneer factory inspector, had recently written her influential book, Ethical Gains Through Legislation. Julia C. Lathrop had already become famous for her efforts to civilize the poorhouses and insane asylums of the country. At once Grace Abbott took her place among these older leaders. So it was natural that Miss Lathrop, the first Chief of the Children's Bureau, should summon Grace Abbott to take charge of the Government's campaign to put an end to the abuses of child labor.

Miss Lathrop and Miss Abbott were a magnificent team. Both had the courage and the vigor and the wisdom from the very start to fight spoils politics and to insist upon the employment of a highly skilled staff. Both had profound faith in the results to be derived from honest, intelligent inquiry and the careful accumulation of pertinent facts. Both had generous, discerning minds and the constructive imagination of true stateswomen.

Miss Abbott was the general in command of the army combating the evils of child labor. She enforced the law when there was a law. She gathered the material that aroused and nourished public opinion when the law was ruled unconstitutional. She was always good-tempered, always compassionate, always driving toward the great goal of national protection of children, and always sure of final success.

She was a worker and a fighter and a thinker and also a merry companion. Her eyes sparkled and her laugh was ready and there was wit at the end of her tongue. She was a good citizen. Because of her, hundreds of thousands of Americans have had happier lives, free from the exploitation and abuses she challenged and against which she labored successfully. She was a great woman and a noble American.

With the Immigrants' Protective League

By Viola Paradise

Grace Abbott launched her social-work career in the Immigrants' Protective League (then the League for the Protection of Immigrants) in Chicago in 1908. A job better suited to her could hardly have been found, for it demanded qualities she had in high degree—a quick sympathy for victims of injustice, fearless courage, and a gift for intelligent action.

In those years immigrants thronged into America by the hundreds of thousands. Too often they were welcomed as just so much brawn, to do the hard labor which natives from older immigrant stocks no longer chose to do. That they might also contribute new values to American life was recognized only by the few. That they offered a wide field for exploitation was, unfortunately, recognized by too many.

The Government made an effort to protect immigrants at Ellis Island, but from the moment they were jammed into the slow immigrant trains, they were anybody's prey. When such a train reached Chicago, it unloaded its bewildered cargo of immigrants, few of whom knew English and many of whom were trying to find friends by means of badly written or out-of-date addresses. Because there was no knowing when the trains would arrive, it seldom happened that their friends could meet them.

The immigrants' first experience of Chicago life was to be grabbed by cabmen and expressmen, who loaded them into their vehicles, demanded outrageous fares, and delivered them to their friends, provided these could be found. If their friends were not found, the immigrants were dumped into the street, left to the chance kindness and ingenuity of some passerby. Often they were picked up by the police and taken to jail as vagrants.

Grace Abbott helped to change this. She persuaded the railroads to take some responsibility in the matter and the police department to shepherd arriving immigrants to the building which the League established, where their friends or relatives could call for them, or from which they could be sent home with due protection, or where they could stay for a few days until their friends could be found. It took courage to fight the cabmen and expressmen, a tough lot of racketeers, who threatened to get even but who, finding her unfrightened by threats, capitulated, and presently began coming to her with their own troubles. One cabman, for instance, whose license was suspended for a month upon a League complaint, came to Miss Abbott with his crippled son, urging her to have the license restored so that he could buy crutches for the boy. Miss Abbott sharply refused, told him that if he repeated the offense, the League would recommend a jail sentence, and then, characteristically, herself lent him the money for the crutches.

Grace Abbott's service to immigrants was not limited to preventing the depredations of cabmen; or to tracing lost immigrant girls; or to obtaining regulation of unscrupulous employment agencies, which took large fees and sent their victims half way across the country to nonexistent jobs; or to organizing an employment service to help immigrants find work; or to working with the leaders of the various foreign groups in Chicago to better the conditions of their countrymen.

Along with these and scores of other services, Grace Abbott began from the first to add up the individual instances of exploitation within the League's experience and to put the facts before the public, so that the community could take steps to prevent the recurrence of abuses. Her study of the practices of employment agencies brought about improvements in the Illinois law regulating such agencies.

The experience with incoming immigrants was used to persuade the Government to take over this work and establish a socially serviceable immigration station in Chicago. And although the results of some of her other studies—such as The Immigrant in Chicago Courts—could not be measured so tangibly, she and the group of workers she gathered about her were responsible for many subtle but far-reaching changes in the attitudes toward immigrants as well as for the helping of many thousands of them through difficult and dangerous situations.

Grace Abbott was an indefatigable worker and a fearless crusader, unafraid to make enemies. But though I worked with her for years and thoroughly enjoyed working with her, the pictures which come most fleetly to my mind now have to do not so much with her zest for work—one took that for granted—as with her hearty vitality; her savoring of life in general; her whole-hearted enjoyment of the theater; her pleasure in a good novel; her ready wit—sometimes a sharp, slashing wit; her heat in an argument—and yet it was possible to differ with her and argue a matter out with directness and vigor without fear that the difference of opinion would be carried over into personal relationships; her warm interest in the people she chose to work with her; her affection for them—which, however, never blinded her to their shortcomings nor let them feel for a moment that they could allow the quality of their work to sag; her real kindness; and the fact that she was an interesting and fascinating human being.

Grace Abbott: Friend of Labor

By William Green

There have been few persons in public life who have so completely earned and held the confidence and trust of the members of the American Federation of Labor as did Grace Abbott. As Children's Bureau head, Miss Abbott dealt with matters close to our hearts and consciences. Beginning with its first convention the American Federation of Labor has worked to provide for the children of America's workers good homes, good schools, with free textbooks, and protection during premature years through child-labor and compulsory school-attendance laws. The American Federation of Labor joined with those civic groups which sought the creation of a Federal agency to become the administrative center for the promotion of child welfare. As the second chief of this Federal agency, Miss Abbott kept in close touch with our organization upon policy making and administrative principle. She was by nature a true democrat who respected practical experience equally with academic and technical training and who valued human achievements in proportion to their service to human welfare.

Grace Abbott believed the Children's Bureau should be located in the Department of Labor in order to perform its work most effectively. The Children's Bureau serves the children of wage earners' families and families with small incomes. In order to serve these children policies must be formulated in the light of an understanding of the homes and work-lives of the families of these children. Grace Abbott knew the representatives of labor and was a regular and helpful consultant on problems which concerned child welfare. She sought to coordinate the practical experience of the workers with the technical information of the experts. Never was her administrative ability better tested than in our struggle for Federal legislation to regulate child labor—a struggle yet unfinished. Our completion of this task will be our most fitting testimonial to her work.

On behalf of the American Federation of Labor, it is my privilege to pay tribute to the soundness of Miss Abbott's planning, to the wisdom of her administration, and to the dependable honesty that characterized her relations with the American Federation of Labor. She could at all times be counted on to point the way to human rights and welfare.

> We should have a Federal minimum standard for the protection of children, and without that, if we wait for the time to come when it will be brought up to any particular standard, we may have to wait for a whole generation for the protection which science indicates is needed at the present time. And if we enact—phrase it how you will—an amendment which establishes a minimum standard, and allows the State to establish higher and not lower standards, we shall be giving to the children the real advantage of our Federal form of government, and higher local protection.
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> I cannot see why any State wants to ask to be able to exploit its children, or why it should claim that its rights have been infringed if that is denied them. And we do have throughout the country, changing from time to time, a certain consensus of opinion as to what is the minimum standard.—*Grace Abbott, Hearings on Child-Labor Amendment, January 1923.*

On the Industrial Front

By Sidney Hillman

I have had the privilege of knowing Grace Abbott for some 30 years, and know that her contributions toward social betterment have affected the American people at many points. As Chief of the United States Children's Bureau, she promoted the welfare of mothers and children and helped to crystallize what is now universally recognized as an imperative social responsibility. As a fighter for social legislation, she had a large share in the writing of progressive laws on our statute books. As a practical social worker, she enhanced social values and directed activity along basic economic reform. As a teacher and writer, she did much to mold public opinion and train workers in the field of constructive social effort.

I first met Grace Abbott during the memorable strike of the clothing workers in Chicago in 1910. We have met since on numerous occasions, at the birth of the organization with which I am associated—the Amalgamated Clothing Workers of America—and other landmarks. One occasion was during the most dramatic struggle of the Chicago clothing workers. Conditions had been intolerable; our organization had just then been launched—its treasury was empty, its friends few, the newspapers biased, the police hostile, the employers set upon its destruction—and the workers found themselves in a desperate conflict against formidable odds. Grace Abbott, then a resident of Hull House, together with Jane Addams and other prominent women, joined the fight. She joined our picket line, helped to collect funds for food and shelter, spoke at our meetings, presented our case to the public, and appealed to the city administration to arbitrate the strike.

Grace Abbott had recognized the basic issues of the struggle and realized the need for the introduction of orderly industrial-relations machinery in the clothing industry, which had at that time just been making its initial steps and needed support and encouragement. Thus, back in 1910 and later during the strike in 1916, Grace Abbott helped to show that labor disputes are not private encounters between workers and employers, but that they are of profound social and economic import and affect the entire community. She, moreover, helped to show that industrial relations must rest on a firm basis of better understanding and the extension of responsible labor participation in determining the conditions of work.

My last association with Grace Abbott was as a fellow member of the Textile Committee of the Wage and Hour Division of the United States Department of Labor. She served with distinction, just as she had served as social worker in Chicago, as Children's Bureau head in Washington, as member of the numerous social and economic commissions here and abroad, and upon her return to Chicago, during the last 5 years of her life, as teacher and writer. Throughout these varied activities, Grace Abbott came in direct contact with hard facts and root issues which she faced with deep understanding and integrity of purpose. We are all indebted to her for a life devoted to vitalizing our human and social resources and strengthening the movement for a better living.

Pioneering in Federal Labor Legislation

By Ellen Nathalie Matthews

On May 1, 1917, Grace Abbott was appointed director of the Child Labor Division that had just been created in the Children's Bureau to administer the first Federal Child-Labor Law. The law had been passed in September 1916, to become effective a year later. Only the most general provisions for its administration were contained in the act itself, under the terms of which detailed rules and regulations for carrying out its provisions were left to be worked out. Upon Miss Abbott rested the chief responsibility for evolving these plans as well as for putting them into effect. When she took office only 4 months remained of the period between the passage of the law and the date when it was to become operative; on June 3, 1918, 9 months after it went into effect, it was declared unconstitutional.

During this period of only 13 months was planned and set into motion the machinery of the Federal Government's first attempt at a Nation-wide regulation of labor. With no precedent in the way of any previous Federal labor legislation, and with no opportunity during the short span of its existence to revise the program in the light of experience, methods and procedures for the enforcement of the first Federal Child-Labor Law were developed with such promptness in decision and sureness of judgment that in the few months of its operation the program received a thorough test. So effective, indeed, did the methods and procedures devised for its enforcement prove that they were made the basis, so far as legislative provisions allowed, for the enforcement of both the later Federal measures for the regulation of child labor.

In the words of Julia C. Lathrop, then Chief of the Children's Bureau, Miss Abbott was "responsible for the cooperative basis upon which the whole work was founded, the methods of administration, and the clearness and human understanding of the record of the administration of the law." From a distance of 22 years it is easy to overlook the difficulties confronting this pioneer administrator. That she herself was entirely without experience in the field of labor legislation makes her achievement the more brilliant.

The Federal Child-Labor Law of 1916 embodied what was then an entirely new principle in labor legislation, that of the enforcement of a Federal Nation-wide minimum standard in a field formerly controlled by the divergent standards and administrative practices of the different States, some of them far below the standards set up in the Federal act. Moreover, since the Federal act was, strictly speaking, a regulation of interstate commerce rather than a child-labor measure, it required the development of techniques of enforcement quite different in a number of particulars from those that had been developed in the administration of child-labor laws by the States. Finally, because of the Children's Bureau policy in employing in the administration of the law only qualified persons selected through special civil-service examination, it was not until the spring of 1918 that lists of persons eligible for appointment became available, and the staff had not been completed when the law was declared unconstitutional.

In numerical terms alone, the record of achievement is impressive. With the small and necessarily inexperienced staff at its disposal the Child Labor Division in the brief time in which the law operated examined the applications for certificates of age of more than 25,000 children in 5 States. The difficulties encountered two decades ago in obtaining evidence of age in States where the most usually accepted records of age—transcript of birth or baptismal certificate—were practically nonexistent, are vividly described in Miss Abbott's report on the administration of the law. They can hardly be imagined. In addition, during this period more than 700 manufacturing establishments and mines in 25 States had been inspected, in which 1,500 children were found employed in violation of the child-labor standards of the Federal act. In eight cases employers pleaded guilty and had been fined for violation of the law, and in most of the other cases where violations had been found prosecution of the employer had been started or was in preparation at the time the law was declared unconstitutional. Persons knowing only the problems involved in obtaining proof of violation of State child-labor laws can have little idea of the difficulties of obtaining evidence of violation of the Federal act, which required not only proof of the illegal employment of children but proof also of the removal and shipment in interstate commerce of goods manufactured in establishments where such children were employed. The record of successful prosecution in the short time of the law's operation is proof of the success with which this problem had been met and solved.

More important achievements in the administration of the act than those numerically measurable are the working out of procedures and practices which the activities listed above served to test and which were destined to prove of permanent value in the administration of future child-labor legislation. Basic to these procedures was the recognition of two principles, first, that the successful enforcement of any child-labor law depended primarily upon the existence of a well-administered system of certifying the ages of employed children, and, second, that the enforcement of a Federal labor law could not succeed except through a genuine working cooperation between Federal and State officials.

All possible use of State enforcement machinery was made in the administration of this Federal statute. State employment or age certificates were accepted for the purposes of the Federal act in all States where the certificates measured up to the standards set by the Federal Government, and all State officials charged with the enforcement of State child-labor laws were commissioned by the Federal Government to assist in the administration of the Federal act. Both these basic principles of administration have been recognized as far as legal limitations have permitted in the administration of the Federal measures that subsequently have been passed for the control of child labor—namely, the Child-Labor Law of 1918 and the provisions relating to child labor of the Fair Labor Standards Act of 1938 now in effect. Rules and regulations and administrative practices followed in the administration of these laws have been patterned closely upon those promulgated in the administration of the Federal Child-Labor Law of 1916.

The influence of the experience under the first Federal Child-Labor Law did not stop with the various Federal laws. There can be no doubt of its effect, though incalculable, upon the general level of administrative practice in the enforcement of child-labor legislation, especially in the more backward States, in the decade that followed its enactment. This resulted, when the law was in effect, from a desire to bring State standards up to the Federal standard and, later, from the wide dissemination of knowledge as to better standards of administration based on the experience under the Federal law. The dissemination of this knowledge was due in large measure to the writings and speeches of Grace Abbott herself and to her enthusiastic support of measures tending to result in the reenactment of a Federal child-labor law or in improved legislation and administration in the States.

All who knew Miss Abbott as an administrator know how much the success of any enterprise for which she was responsible was peculiarly her own. Always alert to take advantage of what the knowledge and experience of others had shown to be the soundest policies and methods and to choose the best from what others had learned and tried out, her ability to meet new and unsolved problems promptly and surely with new and sure solutions was an equally basic part of her genius in planning and execution. In no other of her many enterprises were her exceptional creative and administrative powers given a better opportunity to function together, I believe, than in her administration of the first Federal Child-

Labor Law. In no way were some of her most outstanding qualities more clearly demonstrated—her sureness of judgment, her promptness in decision, her exceptional ease and competence in execution, her effortless ability to impart her own enthusiasm to those who worked with her and to inspire them to their best achievement.

Grace Abbott: Crusader

By Edward Keating

The Children's Bureau has been peculiarly fortunate in its Chiefs. My Irish mother would have described Julia Lathrop as "a saint on earth." Gentle, cultured, and blessed with a wit which only her intimates were privileged to know, she also had high courage, determination, and marvelous tact in emergencies. She "mothered" the Bureau until it had gained a definite place in public esteem.

Perhaps I am giving my imagination free rein, but, to me, there was something about Grace Abbott which always suggested Joan of Arc.

I recall distinctly the first time I saw and heard her. It was in the Belasco Theater in Washington, in the brave days when we were battling to give women the right to vote. The place was jammed; we were all bubbling over with enthusiasm; and most of the speakers were top-notchers. Then came one comparatively unknown, at least to eastern audiences. Before she had delivered half a dozen sentences, we knew an authentic star had popped above our horizon.

Grace Abbott spoke easily but with the fire of the crusader. She did not underestimate the strength of the barriers that barred the road to success, but she was determined to plow through them, whatever the cost.

She was not in Washington when the battle for the first Federal Child-Labor Law was being waged. To Julia Lathrop and the National Child Labor Committee, led by Owen Lovejoy and the able, devoted, resourceful Dr. McKelway, goes the lion's share of credit for that achievement.

Fortunately, after President Wilson had attached his signature, Grace Abbott assumed the arduous task of administration.

With infinite patience and understanding, she laid the foundations for what was then a unique experiment—to secure the cooperation of the States in the enforcement of a Federal statute which ran counter to the traditions, the prejudices, and, most formidable of all, the selfish business interests of a large section of our country.

That she succeeded to an extraordinary degree is a matter of history. That she would have achieved the goal so dear to her heart, if the Supreme Court had not intervened and nullified the law by a majority of one vote, cannot be questioned by any candid student of the record.

I was privileged to know Grace Abbott for a number of years, and my admiration for her capacity and devotion constantly increased. She was one of the great women of our time.

Grace Abbott and the Child-Labor Amendment

By Msgr. John A. Ryan

When I thought of referring to Miss Abbott as the ablest and most persuasive of all the advocates of the proposal for an anti-child-labor amendment to the Federal Constitution, the objection occurred to me, "What about Julia Lathrop and Florence Kelley?" After consideration of the activities and achievements of these two devoted spirits, I am still inclined to stand by my original estimate. Grace Abbott's devotion to the amendment did not exceed that of the two just mentioned, but she exercised a unique influence in her advocacy of it. In large measure this was due to the fact that she was Chief of the Children's Bureau in the years when the agitation for the amendment became acute and was a matter of practical politics.

I happened to be a member of the joint committee which endeavored to draft a proposal for a child-labor amendment for the consideration of Congress. That was during the first half of the last decade. Although I did not attend all the meetings of the committee, and although my memory of those that I did attend is somewhat hazy, I have a clear recollection of Miss Abbott's skill and prudence and patience during the discussion of the proposed drafts. Particularly do I recall her objection to the proposal that the Federal Government and the States should have "concurrent jurisdiction" in the enforcement of whatever legislation should be enacted under the amendment. I mention this merely as an illustration of her active and practical intelligence.

After the adoption by Congress of the resolution for the amendment she applied all the resources of her remarkable mind and all the sincerity of her devoted will to the efforts that were made for its adoption by the States. Although she did not live to see the proposal ratified by the necessary 36 States, before her death she realized that that goal was much nearer than it had been when she began the struggle for it in the depressing 1920's.

Peace to her ashes and to her soul! She was a grand woman. No American carried on better the tradition that we like to think of as American—consideration for the common man and woman and concern for the weak and the lowly. Grace Abbott came from Nebraska; I was born in Minnesota. Her forbears had probably lived in the United States for generations. My father and mother were born in Ireland. Nevertheless, we fought together for many years for the child-labor amendment and for many other measures on behalf of the underprivileged. This instance, which can be duplicated thousands of times in the history of the last 40 years, is not the least of my reasons for having faith that we shall solve our social problems in accord with the principles of justice and for the enduring welfare of our beloved America.

Grace Abbott: Leader of Women

By Maud Wood Park

During my years in Washington the group of women's organizations most closely connected with Grace Abbott's work were those represented on two subcommittees of the Women's Joint Congressional Committee: The subcommittee on the Sheppard-Towner Act for the promotion of the welfare and hygiene of maternity and infancy; and the subcommittee which was supporting the proposed child-labor amendment to the Constitution.

Like the other members of those subcommittees, I came to know and to depend upon Miss

Abbott's power of initiative, her store of accurate information, and her persistent courage. Whenever she was to be a speaker in behalf of one of the measures in which we were interested, we all sat back, with minds at ease, because we knew that we could count on her making a lucid, straightforward statement of the case, a statement lightened by flashes of humor and fortified by all the necessary references. Unexpected questions and obvious opposition never confused or intimidated her. Her earnestness and evident sincerity often brought the doubting to our side and sometimes convinced even those who had been hostile at the start.

Among my host of memories of conferences, meetings, and Congressional interviews and hearings in which she had an important part, two are particularly vivid.

The first of these is of the evening on which the Senate voted for a 2-year extension of the Sheppard-Towner Act. Throughout the debate, which lasted for several hours, Miss Abbott sat with the members of our subcommittee in one of the galleries of the Senate. Again and again, Senator Sheppard and Senator Curtis sent for her and a few of us in order that they might report some change in the situation or ask our opinion about a new legislative possibility. At last it came to the point when our strongest supporters in the Senate assured us that the only chance to get favorable action on the bill was to consent to a proviso for the expiration of the act at the end of 2 years. Standing just outside one of the doors to the floor of the Senate, we women and the friendly Senators alike turned to Grace Abbott for the final word. There could have been no better proof of our faith in the soundness of her judgment than the unanimity with which we accepted her reluctant assent to the proviso which we had hoped to avert.

My other particularly striking remembrance concerns a hearing on the proposed child-labor amendment before the Judiciary Committee of the Senate, a committee usually made up of Senators who are authorities on constitutional law. While Miss Abbott was speaking, she was interrupted several times by questions from members of the Committee. For the most part those questions were veiled objections to specifying 18 years as the age up to which the Congress was to be empowered to legislate against child labor. Miss Abbott, who was uncompromising in her advocacy of 18 years as the age limit, did not hesitate to correct a misstatement of one of the Senators.

Thereupon another Senator inquired with mock indignation, "Does Miss Abbott mean to imply that she knows more about this subject than one of the Senate's foremost constitutional lawyers?"

"Yes," replied Miss Abbott, in no wise abashed, "for the Senator has never had responsibility for seeing that a child-labor law is properly enforced, and I have."

The committee fell to laughing at her candid answer and later, when the majority report was presented to the Senate, it favored the age limit of 18. As usual Miss Abbott's straightforward methods had won support.

"Grace Abbott is as forthright and upstanding as a field of Nebraska corn," someone wrote of her at that time. No better description could be given of the qualities which made women turn to her for leadership.

If a declaration of independence were to be written today, American women would ask that in the enumeration of the objects for which governments are instituted the welfare of children should head the list; and the American men would agree. It is time that with characteristic American directness we undertake to realize that object now.—Grace Abbott, Annual Report of Children's Bureau, 1923.

Pioneering in Maternal and Child-Health Services

By S. Josephine Baker, M. D.

The Sheppard-Towner Act will always be connected with the names of those two great women: Julia C. Lathrop and Grace Abbott. Julia Lathrop conceived the plan for Federal aid to the States for maternal and infant hygiene and as Chief of the Children's Bureau saw the bill through until the final stages. Miss Abbott planned and carried out the administration of the act.

It was my good fortune to be closely associated with the Children's Bureau during the greater part of this time, first as a volunteer and later as a member of Grace Abbott's staff with the somewhat ponderous title of "Specialist in Maternal and Infant Hygiene," and so those days and years bring back a heart-warming memory of my association with those two outstanding figures. They were fighting days. Days of long and exciting debates with committees of the Senate and the House; days of rough questioning and even rougher answers; days of antagonism on the part of organized medicine; days of refreshing aid from individual pediatricians and obstetricians: and days of great joy when the act was finally passed and signed by President Harding on November 23, 1921. The victory was ours! The funds authorized by the act were not to be available until March 1922, and then, for the first time in the history of this country, mothers and young children were to benefit through the cooperation of Federal and State agencies.

To attempt any adequate summary of Grace Abbott's work, her unfailing optimism in the face of great difficulties, and her work for the health and welfare of the mothers and children of this country is too long a story to be told here. Maternity and child-hygiene bureaus or divisions had been created in 33 States by the beginning of 1921. During that and the following year, 14 more were established, and in 1925 Hawaii followed suit. The total amount of money made available for distribution to the States on a yearly basis was approximately $1,000,000. The act was in force for 5 years with a later extension for 2 more years. Then, the Sheppard-Towner Act became a part of our history, and upon its foundations was erected the cooperative Federal-State program for maternal and child health under the Social Security Act.

The work and efforts in administering this act were a truly pioneer accomplishment. Advisory committees were formed, publicity was stimulated, and State programs were carefully considered. In all, 2,294 permanent child-health centers, 311 permanent prenatal centers, and 373 permanent combined prenatal and child-health centers were established and the States reported that 4,000,000 infants and preschool children and about 700,000 expectant mothers had been reached. It was truly a monumental task, and through it all Grace Abbott stood out as the inspiration and the final arbiter.

To pay a proper tribute to Grace Abbott for the part she played in helping the mothers and babies of this country is difficult and yet, in the surety of its purpose, it stands out as one of the most magnificent accomplishments in our history. I have lost a dear friend in her passing; the country has lost an outstanding pioneer whose life was dedicated to the welfare of all children. None of us who knew her doubt her unique quality of keen foresight, her administrative ability, her vast and secure knowledge, her personal charm, and, above all, her great gift of humanity. With myriad accomplishments to her credit, I think the one for which she will be longest remembered is her successful battle to insure life and good health to the women and to the children of this country.

Grace Abbott: Administrator

By Hon. James J. Davis

One of the most important jobs in Washington, so far as the future of America is concerned, passed from the able administrative hands of Julia Lathrop to those of Grace Abbott late in August 1921. Miss Lathrop, who for 9 years had guarded the destinies of 40,000,000 American children, expressed genuine admiration for Miss Abbott and declared that she had earned her new position through sheer ability and merit. Miss Abbott was a thoroughly energetic and businesslike person—one of the most capable administrators I have ever known.

During the period of nearly 10 years that Miss Abbott and I were associated together in the Department of Labor I came to have an increasing admiration for the intelligence and creative enthusiasm that she brought to her work. She was among those chiefly responsible for the planning and successful conclusion of the great White House Conference on Child Health and Protection of 1930. Her part in that conference and her determination to carry through the work to which she devoted her life have not been sufficiently appreciated.

Early in the work of the Children's Bureau the close connection between the welfare of the child and that of the mother was made clear. Not only was it found that motherless babies were much more likely to die in infancy than babies who were cared for by their own mothers, but also that motherhood brought with it in this country greater probability of death than in any, except 2, of 12 foreign countries.

Miss Abbott directed the preparation of scientific studies of child health, child labor and vocational guidance, recreation, dependency, delinquency, and neglect. She directed the assembling and interpretation of current statistics and information in the field of child welfare. She gave leadership in the preparation and distribution of popular and scientific bulletins on maternal, infant, and child care and on child welfare. She cooperated with State child-welfare commissions, State and county child-welfare bureaus, and private child-health and child-caring agencies through consultation or joint undertakings.

At the conclusion of this 10-year period of work, the Children's Bureau under the direction of Miss Abbott was able to report that infants born in 1930 in this country had a much better chance to survive than those born a decade earlier, that greatly increased resources for the care of mothers, infants, and preschool children were available, that marked progress had been made in regard to the mental hygiene of childhood, and that education of parents in methods of child care and training had been notably developed. It was estimated that 25,000 of the babies born in 1930 and surviving the first year of life would have died under the conditions prevailing in 1921.

From this short statement it may be truly inferred that Grace Abbott was much more than a Government official. She was the friend and savior of thousands of little children, a bearer of glad tidings for mothers in poverty and distress, and a national leader whose work will endure as long as the Nation to which she dedicated her life shall last.

Children suffer the most serious permanent losses in periods of depression, and should be the first to be considered in planning remedial measures.—Grace Abbott, Annual Report of Children's Bureau, 1931.

Grace Abbott and the State Welfare Departments

By William J. Ellis

We in the field of public-welfare administration know of Grace Abbott's work to give dependent and delinquent children a place in a world which too often forgets that what its children are today it will itself be tomorrow. The quality in Miss Abbott which beyond anything else made her work possible was her flaming courage.

Courage is a wonderful thing to behold in the heat of conflict or under the stress of great emotion. It is still greater when it is exhibited as in Miss Abbott's case, in the everyday affairs of her life's work. It was Miss Abbott's happy faculty to make the ordinary business of her life very extraordinary, not by causing herself to be the center of her world, but by dramatizing that which lay closest to her heart, the welfare of children.

As public-welfare administrators we know how she gave us of the fire of her bravery and determination. We know that that was true in her post as Chief of the Federal Children's Bureau as well as afterward in her editorial work on the *Social Service Review* and her teaching of public-welfare administration. Her passion was the pursuit of truth with a singleness of purpose which revived the spirits of those who wavered. Having found truth, it was her joy not merely to defend it but to lead it into the battle as a weapon of offense in behalf of children against cruelty, against injustice, against oppression wherever these might be found or whoever might be their protagonists.

In her relationships with State welfare departments she had the faculty of securing the cooperation of the State without the exercise of arbitrary authority: she infused a new spirit into the relationships of Federal and State agencies which continues today in the field of child-welfare service. Not the least of her achievements in this field was her great faculty for seeing the State's point of view and, without compromising essential principles, of meeting that point of view in her work. In this aspect Miss Abbott well knew that true collaboration was impossible unless there were the meeting of minds each of which had the respect of the other and a common goal.

It was Miss Abbott's great regret that she was unable to attend the 1939 session of the White House conference on child welfare, dedicated to children in a democracy. Nevertheless, her influence was felt at the conference and with characteristic insight she sent a message to the initial session counseling that meeting not to spend too much effort in defining terms but to go at once into a discussion of the many needs yet to be met in order that the lot of the friendless child be bettered.

Carrying over that spirit of Federal-State cooperation which she practiced herself and required of others, Miss Abbott called at that conference for leadership from both private and public agency. Not in her mind could either agency preempt the field or claim all the credit.

Characteristic of Miss Abbott's life was one of her last achievements. This was the production of her two-volume work, The Child and the State. These volumes retrace from colonial times to today the path along which efforts have been made to provide for the well-being of the child. Janus-like, the book looks not only backward but forward: it is history with a challenge. It was not Miss Abbott's purpose to pause for a survey of the field with any idea of taking satisfaction for the progress which the world has made in the treatment of children from the earliest halting attempts of the colonists to help the orphan and the poor. Rather, it was her purpose to have us face the future with new hope and fresh inspiration, confident that we, as State welfare administrators particularly, face a new era in the conservation of child welfare and happiness.

To Miss Abbott, perhaps more than to anyone else, the State public-welfare workers owe the idea that the child is, after all, their major consideration and that no law, no custom, no way of life, no thinking which subordinates the child to any material thing will stand the test of time.

Her qualities of courage, of fortitude, of jealousy for the truth, of cooperation without essential compromise, defy definition. We often give them unthinking lip service. And yet it is exactly to these qualities, no less than to Miss Abbott's exhaustive knowledge of the child-welfare field, its history, its techniques, and its goal that the State welfare administrators owe a supreme debt of gratitude.

Getting the Job Done

By Ludwell Denny

Washington correspondents, who have learned with good reason to look down on most politicians, looked up to Grace Abbott. That was not strange. She knew her job, her zeal was selfless, and she played fair. Such a person gives respect and gets it.

If there have been public servants with more vision and courage, I have not known them. But she had more than those qualities of the crusader—it was her rare genius to combine with them a simple humanness. She was not puffed-up, she was never stiff-necked. She had the common touch, which is so uncommon.

Even those virtues of the great public servant did not alone explain her effectiveness. She also had a cool efficiency, a practical sense, which often was the difference between well-meaning futility and getting the job done.

There was nothing of the amateur about Grace Abbott. She had learned the political traps. She was never satisfied with mere good intentions or the emotional glow of heroics. In purpose and in method she was the skilled civil servant—one of the greatest in our time.

To do the Washington job so well and so long and then to inspire others in her brilliantly efficient way was her achievement and her monument.

Grace Abbott: News-Maker

By Bess Furman

In the forefront of women's work for the public good in the Federal Government was Grace Abbott, an initiator, a news-maker. When I came to Washington from the prairies, it was inevitable that my first and best lessons in national journalism—and in practical politics, too—should have been learned in the various offices which she occupied as Chief of the Children's Bureau of the United States Department of Labor.

Grace Abbott pioneered in the things that really counted. She met the press freely and fairly, and with a great gift of evaluating facts, a complete common sense, an easy humor. An interview with her restored my soul like a visit home.

Grace Abbott: Humanitarian

By Homer Folks

In an all-too-short career Grace Abbott held a number of positions, educational, executive, and administrative, in public service and in voluntary agencies, and filled them all with notable success. Seemingly varied, they offered her a continuity of growth and of widening usefulness in her chosen career of social welfare. She succeeded in all these efforts, and passed quickly and with no loss of momentum from one to another, because to her they were all necessary factors in any program of making life more tolerable for those to whom it seemed to offer least promise.

She was deeply interested in the education and training of social workers, in developing standards and methods of individual service and community betterment, in rescuing public welfare from the hands of political (not social) workers, and in framing and promoting good social legislation and obtaining adequate public funds and citizen backing to carry such law into effect. But she never made the mistake of seeing any or all of these things as ends in themselves. The means never obscured the end to her. She was a welfare statesman and never merely a technician.

It was my pleasure in 1931 to be the spokesman of the National Institute of Social Sciences in conferring the gold medal of the Institute upon Grace Abbott. At that time she had for 10 years filled the difficult position of Chief of the Children's Bureau with a breadth of thought, a comprehensiveness of view, and a humanitarian spirit worthy of the high intent of Congress and the President in creating the Bureau and of the inclusiveness with which they stated its powers and duties.

She had an eye for reality and an instinct for achievement. She showed how to be a chief of an important bureau without becoming a bureaucrat. Though she did not have her ear to the ground, she had her eye at all times on the average American family home, in which the children of today are being prepared for the terrific responsibilities of tomorrow, and her constructive imagination, sympathetic understanding, and gifted mind were constantly at work on the removal of the handicaps, troubles, and misfortunes which limit that home in its creative work for the citizens of tomorrow.

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Sometimes when I get home at night in Washington, I feel as though I had been in a great traffic jam. The jam is moving toward the Hill where Congress sits in judgment on all the administrative agencies of the Government. In that traffic jam there are all kinds of vehicles moving up toward the Capitol.

There are all kinds of conveyances, for example, that the Army can put into the street—tanks, gun carriages, trucks, the dancing horses of officers * * *. There are the hayricks and the binders and the ploughs and all the other things that the Department of Agriculture manages to put into the streets * * * the handsome limousines in which the Department of Commerce rides. To be sure, the limousines are looking a little bit shabbier this year * * *.

I am not going to describe all the vehicles in this traffic jam tonight. I am not going to tell you about the barouches in which the Department of State rides with such dignity, or the noisy patrol in which the Department of Justice officials sometimes appear. Without my saying more you will agree that it seems to be a traffic presenting special hazards.

It seems so to me as I stand on the sidewalk watching it become more congested and more difficult, and then because the responsibility is mine and I must, I take a very firm hold on the handles of the baby carriage and I wheel it into the traffic.—*Grace Abbott in New Measures of Values, Journal of the National Institute of Social Sciences, 1931–34, vol. XVI–XIX, pp. 9–10.*

Grace Abbott: Social Inventor

By Hon. Felix Frankfurter

In common with every student of social legislation and public administration I had to follow the efforts and achievements of Grace Abbott as being among the most outstanding in American sociological endeavors. But as one of the counsel of the National Consumers' League, engaged in helping to draft social measures and to support them in the courts, and an official concerned with industrial relations during the World War, it was my good fortune to become closely acquainted with Grace Abbott and to see her in action, as it were, for nearly 25 years. As part of my official duty it fell to me to see her initiate the administration of the first Federal Child-Labor Law, while that law was in force, and after its invalidation continue so much of its application and practice as was rendered possible by writing a clause against child labor in all governmental contracts.

I wish much that the whole story of this administration by her of protections against the exploitation of child workers could be recorded for posterity by social historians like the Hammonds or the Webbs. I do not believe that American experience would disclose a finer illustration of the rare art of public administration. I do not mean to minimize the triumphs of the human mind as revealed by mechanical inventions, but social inventions apparently entail much subtler gifts, for they are so much rarer. The manner in which Grace Abbott translated the blueprints of social policies into effective operating institutions for the benefit of society at large made her work, in every true sense of the phrase, that of social invention.

It is idle to attempt an analysis of the separate factors of the sum total that produces a Grace Abbott. She had, of course, a disciplined mind; knew that the world did not begin yesterday and would not end tomorrow; saw things, in other words, in the perspective of history; but had a pertinacious zeal which did not allow her either through cynicism or comfort to believe that as things have been they must remain. She had, in addition, to a rare degree disinterestedness and indifference to the share of her own ego in the cosmos, and the fruitful humor that so often goes with real disinterestedness.

No matter how long she might have lived she would have gone too soon. Happily she lived long enough to leave a real residuum of accomplishments in the pioneering field which she had chosen for her activity. Above all, she left an example of the solid regard for details and of the largeness of spirit in which details are employed in the service of great human ends.

At present we pay too much for the care and punishment of criminals and too little for the prevention of crime. Scientific research is the foundation on which a program of prevention must be built.—Grace Abbott, Annual Report of Children's Bureau, 1926.

Grace Abbott and Education for Social Work

By Sophonisba P. Breckinridge

Grace Abbott was a great teacher. She had exact knowledge of law, governmental organization, labor economics, and administrative relationships. Everyone recognized the assurance with which she handled her material and the scientific exactness with which she approached and in fact entered what was debatable territory in a no-man's land ready and waiting for development. This distinction between the knowledge that had come from the experience of administration and the further information needed for developing the work was illustrated by her reports when director of the Immigrants' Protective League and the investigations that supplemented these reports, a spirit of inquiry related to her work that took her on her first trip to Europe, to Bohemia and Hungary, Croatia and Galicia, whence were coming her clients at the League whom she wanted better to understand.

A fine sense of humor and an extraordinary democracy of attitude made themselves felt in the classroom. This democratic attitude, together with an untarnished and unshadowed integrity, gave life. The democratic attitude showed itself toward students (they were fellow students in new fields of educational effort), toward the governmental authorities, local, State, Federal, or international—and especially toward the individuals in whose behalf public-welfare authorities, in fact all governmental authorities, are set up.

Grace Abbott came as professor of public-welfare administration to the School of Social Service Administration only 5 years ago, but she had been concerned with the development of education for the law and she contributed to the curriculum of the Chicago School of Civics and Philanthropy and the earlier experiment in the university which was called the Philanthropic Service Division of the School of Commerce and Administration of the University of Chicago. She had been for 30 years interested in the field of education for social work and in training for social research and social investigation. As Chief of the Children's Bureau, first Julia Lathrop and then Grace Abbott had found that a school of social service was an ideal place for training social investigators who, by civil-service tests, qualified for work on the Bureau staff.

She contributed to the curriculum of the school new courses which took the students beyond the boundaries of welfare and social work into fields of health, education, and labor. One cannot say that her chief interest here was that of the child; yet all the schools of social work and welfare agencies are grateful that she was able to complete and publish her monumental book of documents entitled, "The Child and the State."

The students appreciated what she had to give. The limits of the class were the limits of available space in the classroom. And an experience in one of her classes gave the student a sense of great enrichment. It gave, however, something more. There was always the question of what was beyond, and so the student passed directly to an attitude of independent inquiry that meant research and investigation. These qualities of demanding exact knowledge, of democratic attitude, of independence and courage in experience, led into research and experimentation and gave students patience and courage and a democratic attitude toward questions of governmental organization as well as toward personal service. It was not an accident that her work and her students' interest spread into the field of health and industry and education in relation to social work and public welfare. The result was that topics undertaken under her direction covered a wide range of public organization.

In this wide range of interest, too, there was constant realization that any plan should contemplate something that could be administered. Her experience as an administrator illuminated all her discussion of relationships between the

Federal Government and the State and local jurisdictions, while all topics were likewise seen from an international or world point of view. To her students, the States and local units mean departments of public welfare, directors of labor and industry, medical experts dealing with questions of concern to all the people of the State. It is an attitude wholly inconsistent with that of the bureaucrat and is that of demanding that all agencies of government be called on to render the special service required for "the least of these," the child, the alien, or the destitute and workless man or woman. It is an attitude challenging to all professional education which claims to prepare for a service in behalf of those in need.

Grace Abbott as a Teacher

By James Brown 4th

At the University of Chicago Grace Abbott taught three courses to the graduate students in the School of Social Service Administration: Public-welfare administration, social insurance, and the child and the state. To the teaching of these courses she brought a combination of scholarship and experience which made these classes unforgettable.

Her lectures on the historical aspects of a movement were as alive and brilliant as those dealing with the recent developments in which she so frequently had played an active part. The student who came expecting to listen comfortably to a series of reminiscences of her own experiences in the field was quickly disillusioned. Her wide experience was constantly drawn on, but in a manner much more profitable for the student. This took the form of a critical appraisal of the legislation and reports, which constituted the body of the material of the courses, in terms of whether the law would achieve the ends sought or whether the proposed form of organization was administratively practical. One of the valuable results of her training was the development in the student of an appreciation for well-drafted legislation and sound forms of administrative organization.

Students were always eager to gain admission to her courses and the classes were very large; but although one might occasionally wish to be, no one was lost sight of. The classes were conducted in an old-fashioned way for graduate courses. There were regular assignments, and students were called upon in alphabetical order to recite. However this system might work in other hands, it yielded remarkable results under Miss Abbott's skillful direction. She had the ability to frame her questions so that they not only tested the student's knowledge of the material, but at the same time encouraged discussion which was of benefit to the class as a whole. It was never considered worth while to improvise in Grace Abbott's class, for exposure was certain to follow. On the other hand, the student who was in possession of the facts, but who disagreed with her conclusions concerning them always felt free to express this difference of opinion. It should be said, however, that he usually emerged from the ensuing debate converted to her point of view.

One of the characteristics of her classes that every student will recall was the lively tempo at which they were conducted. From the time she strode briskly down the aisle, pausing just long enough to toss her wraps in the general direction of a vacant seat before mounting the platform, until the closing bell which always came as a surprise, the classes moved along with vigor and dispatch. Another feature that will be remembered was the frequency with which the entire class enjoyed a good laugh—often at her expense. Once, in the midst of a discussion of the necessity for including a broad definition of "delinquent" in a juvenile-court law, she recalled with a chuckle that it was fortunate that there had been no such laws when she was a child, and went on to relate how she had envied the right-of-way workers on the railroad who, in their hand cars, sped up and down the tracks that ran near her home. The temptation to experiment with this form of transportation finally proved irresistible, and one evening after the crews had gone home she "borrowed" a hand car and with her brother made off across the Nebraska prairie.

Students who had the opportunity to do research under her supervision were particularly fortunate, because they not only learned the disciplines of scholarly research but had the inspiration to produce the best they knew. It is impossible to explain the "lift" one got from a conference with Grace Abbott, but part of it was certainly due to the affection in which she was held.

Those of us who were her students are grateful for the distinguished privilege we have enjoyed, and perhaps more than anyone else realize the loss that her death means to incoming students in the field of professional social work.

Grace Abbott[1]

Grace Abbott stood in every way for the American ideal of what a woman might become and should become if fate and her own personality and ambition made it possible for her. It is true that nature gives to only a few women such a personality, such quiet charm, such complete sincerity and honesty, such courage, and such rare judgment. The point is not that we have such women—we shall and should have more as time goes on—but that we want them, that the road to preferment is open to them, and that we do not propose to deprive this country of the best talent among women because of their sex.

I like to think of Grace Abbott at her desk where she was for 13 years head of the Children's Bureau in succession to that other saint, Julia Lathrop. She seemed to me, on my all too rare visits to her office, a remarkably clear and cool-headed administrator, just the right person in the right place. She was a great reformer, but not so much of the propagandizing type. She could speak warmly, at times almost eloquently. But like Jane Addams her forte was in quiet, steady spade-work, in laying foundations and then building upon them. She did not speak a lot or make the headlines often—the headlines would have seized upon her if those who write them had been aware of what Grace Abbott was accomplishing and how she was growing herself. She left office in 1934 to become professor of public-welfare administration in the School of Social Service of the University of Chicago. She was only 60 years old when she died; plainly she had given too much of herself and her strength in those long years of heavy responsibility. Senator Davis of Pennsylvania told the Senate that he had never known a more capable administrator and that she was "a benefactor of the entire Nation." Senator Wagner called her "a remarkable and great woman," and Senator Robert La Follette, Jr., declared she was one of the country's ablest women and one of the finest women he had ever known. And still these words do not tell the whole story!

Yet it is not as a Government official that I usually think of Grace Abbott, though I am aware that her reputation as such had led to her being considered by the League of Nations for the vitally important new position at the head of its combined departments dealing with health, opium, and social service. I cannot forget that she was a great authority in her field of social service, notably in that of the immigrants. In 1920–21 she was executive secretary of the Illinois Immigrants' Commission. Her books on The Immigrant and the Community and The Immigrant in Massachusetts are outstanding, but even more so is her two-volume study called The Child and the State, which she was able to publish only last December. The list of the causes to which she gave herself without rest is too long to publish here, but the debt of the anti-child-labor movement to her is beyond acknowledgment, and her contributions to the struggle against infant and maternal mortality and juvenile delinquency among the most notable. Indeed her pen was extraordinarily prolific even when she was at the head of the Children's Bureau. There her work was very considerably pioneering—even after Julia Lathrop. She put it on a secure and a scientific basis by all those years of the most careful and thoughtful building.

In all this she was a follower and a pupil of Jane Addams, whom she adored, as did all who worked with Miss Addams. What a great group of human beings has come out of Hull House! The spirit of that place created by Jane Addams has influenced for their good a wonderful group of men and women, which only goes to show again that, if you have anything worth while in you, devoting your life to the welfare of the depressed and downtrodden is about the best investment that you can possibly make.

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[1] From *The Nation*, July 29, 1939, "Issues and Men," by Oswald Garrison Villard, p. 127.

Grace Abbott and the International Labor Organization

By John G. Winant

In her contacts with the International Labor Office, Grace Abbott made an indelible impression as one of the outstanding delegates at the Conference. Something of the contribution which she made to the International Labor Conferences she attended is suggested in the following statement.

Miss Abbott's association with the International Labor Organization dates practically from its inception. She was one of the few Americans who took part in the first International Labor Conference, which was held in Washington, D. C., in October 1919. At this Conference she served as secretary for the Commission on the Employment of Children which drafted the first I. L. O. Convention dealing with the minimum age for the admission of children to industry.

Later, after the United States had become a member of the International Labor Organization, Miss Abbott in 1935 attended the International Labor Conference at Geneva as a Government delegate. At this conference she served as chairman of the Committee on Unemployment of Young Persons, which drafted a recommendation urging that the minimum age for leaving school and entering employment should be raised to 15 years. Largely through her individual effort it received the support of the Conference.

Although from her position as Chief of the United States Children's Bureau, her interests were naturally concerned with the welfare of children, they embraced a much wider field. Or, perhaps seeing the problem of children in its broadest aspects and its relation to other social problems caused her interests and activities to extend to those larger spheres of influence.

She was one of the active supporters of the resolution concerning workers' nutrition which became the basis for the work which has since been conducted by the International Labor Office in this field. She championed the cause of women—their right to work, their freedom of opportunity for professional and civic advancement. She did this not only in their immediate interest but for the general good. "The work of women adds to the wealth of the world," she stated in discussing the report of the Director of the International Labor Office, claiming that a richer and more abundant life is made possible for men, women, and children by such efforts.

In 1937 Miss Abbott again attended the annual Conference of the International Labor Organization as a Government delegate. At this Conference—the last which she attended—Miss Abbott served as reporter for the Committee on Minimum Age, whose duty was the revision of the two conventions concerning the minimum age for admission of children to employment, previously adopted by the I. L. O. with relation to industry and agriculture.

Grace Abbott possessed exceptional qualities of leadership. Those associated with her recognized her ability, her clear, incisive intellect, and all felt her integrity and force of character. She was responsible for the resolution adopted by the 1937 Conference outlining the principles which should be recognized in connection with the legal, social, and industrial position of women if they were to protect themselves against industrial exploitation and realize the fullest possibilities of individual development. In urging this, Miss Abbott pointed out, "We can hope for peace and substantial progress only when there is freedom and justice for all."

Her personality, her broad sympathy, insight, and understanding won for her staunch friendships as well as respect and admiration. To her many friends and admirers in the International Labor Office her passing brings a sense of keen personal loss. There was something heroic about her courage and determination, her loyalty to the causes in which she believed, her singleness of purpose, her directness and unflinching candor. She gave her life and talents unstintingly to help others—the underprivileged and the exploited. She was one of the outstanding social workers in the world. We are richer, and every child in America has a fairer chance, because she has lived.

Grace Abbott's Work With the League of Nations

By Charlotte Whitton

The people of the United States knew Grace Abbott as one of the most useful women of her generation, but it is doubtful whether they realized the degree to which her service contributed to the betterment of child life throughout the world of her day. Her vision knew no boundaries, and in her the humanitarian sense burned like the patriot's fire in souls of lesser scope. "The Child and the State," she called the work which it was given her to finish as her own life closed, but the child and all humanity is more truly the theme which played its vibrant undertone throughout that study and throughout her tireless life.

The child of all states and races called incessantly to her fine, clear mind, in all her years at the Children's Bureau, and latterly, even in the kaleidoscopic grasp which she brought to her work in the public-welfare field, there was constantly present the fundamental concept so well phrased by Katharine Lenroot, her friend, assistant, and successor—"Since the child is the medium through which civilized life is carried on from one generation to the next, his well-being becomes a primary concern of organized society."

That was the vision which Grace Abbott saw—all mankind united about the care and nurturing of the child as the center of all life—the restatement and social application of the supreme truth of Christianity. At the close of the war, into which 10 million lives had been cast as sand into the sea, she was Julia Lathrop's first lieutenant in seeking to bring the nations of the world together in protection of the child life which would redeem our generation's loss.

In the face of the impossible the Washington and Regional Conferences on Standards of Child Welfare in 1919 materialized, and no richer findings have yet superseded those conclusions. When, following the Treaty of Versailles and the Covenant of the League of Nations, the International Labor Organization and the Section of the League on Opium and Social Questions were set up, these two indefatigable women were determined that child life and social welfare, as they were being visualized on this continent, must find their place within the evangel of the new brotherhood of nations.

With the keen and sympathetic cooperation of Dr. William F. Snow and the American Social Hygiene Association, they were able to assure the participation of the United States in the committee appointed to supervise the international conventions for the suppression of the traffic in women and children. Miss Abbott, by now Chief of the Children's Bureau, was a natural appointee to this committee; but, as any one who knew her would surmise, she could but shortly abide a negative approach toward any social problem and early set about throwing down the narrow limitations which had hitherto restricted international effort in this field. Through Dr. Snow's generalship and her forthrightness, the League Committee became the medium through which the tremendous world study of the traffic in women and children was undertaken, directed by Bascom Johnson and financed by funds from the United States to the sum of $125,000. It has already resulted in effective international action against the nefarious traffic on this continent, in the Far East, in France, and in Central Europe.

Miss Abbott's quick perception, directness of thought, and forthrightness of speech were always the dread of certain of the delegates to the Committee, as they were the joy and hope of colleagues in a common cause. She was honest and gave no quarter: Her humor would stay where she forebore to flay. As a delegate once said, "Those delegates with a fish to fry would as soon see the devil come in that door as Miss Abbott. She calls a spade a spade and a liar a liar, and doesn't disguise her meaning." She never made nor sought battle unnecessarily at the international table, but she hated intrigue and despised indirection. She called the play and played within its rules.

Miss Abbott drove consistently for the broadening of the work of the Social Questions Section. She strove to have the Committee on Traffic in Women and Children enlarged, and an additional group of experts named to sit with it as "assessors." When the Council approved the appointment of one assessor from the Western Hemisphere she journeyed to Ottawa and also interviewed Pan American representatives, all of whom had been asked to nominate. As a result three assessors were named to the new Committee, Julia Lathrop coming from the United States. Almost without exception, however, the international assessors came from fields of general effort. Their contribution was always debated by most of the Government delegates, and finally the Committee was enlarged to take in Canada and certain of the South American countries. Government delegates from India and more European countries were added and the assessors dropped, except as temporary appointees in connection with specific questions. The scope of the work of the Committee has been broadened, and its name changed to the Advisory Committee on Social Questions.

Miss Abbott lived to see part of her vision of that brave and unselfish new world of 1919 dwindle into eclipse, but with that courage of heart which was hers, she accepted rebuff but not defeat. She looked to a new realinement, and ultimately to international collaboration in humanitarian effort, divorced entirely from the intricacies of international politics. She and Miss Lathrop both, even to the last months of their lives, never lost faith in their vision splendid, that about the central fact of the dignity and divinity of human life, men of all states and races would yet find a common brotherhood in which peace and well-being would eternally abide. In that belief each lived and served, not only her own land and day, but the children of all nations and of days yet to come.

Grace Abbott has passed beyond the sight of men, and her own country mourns a noble woman, but in the land to the north and in nations beyond the seas, there are those who knew her not, who yet will "praise God for making her, and her for all she made."

The Economic Basis of Child Welfare[1]

By Grace Abbott

How are we to insure to children what should be their inalienable right to health and physical vigor? I realize this is not an easy question to answer. It raises many questions about which there is some disagreement.

Unquestionably a Nation-wide program for making available to parents the services of child-health centers is greatly needed, and to this there should be no opposition. I am not going to undertake to discuss what the full program should be. I am, however, suggesting that at least so far as children are concerned we must repudiate the theory that health is in the same category as rugs or cars, of which a family buys the kind it can afford to pay for, and accept the doctrine that the interest and welfare of the children must be our only test of what we shall or shall not do in promoting the health of children.

It seems to me reasonable to say that a satisfactory test of our whole recovery program is what it will do for children. If recovery means return to predepression conditions, then I know what that means for many children. Let us take the children of coal miners as an example.

Long before 1929 the depression came to the mining villages. This industry furnished a particularly flagrant example of a planless economy which took its annual toll of the health and welfare of the children of the miners. * * * There was always the greatest insecurity. The mechanization of the mines and the importation of more workers than the operation of the mines required were producing widespread unemployment before 1929. War or strikes might increase the local demand for coal but, like the wheat farmers, the mine operators had pushed our production of coal far beyond our capacity to sell, and the developing use of electric power and oil have increased the difficulties.

What is finally done about coal in the United States is a subject of vital interest to the owners of coal mines and to the miners and to all who purchase coal, but it is also of vital interest to the hundreds of thousands of children whose fathers were miners but who now are catalogued in our social planning as "stranded populations."

Other examples are all about us. They would furnish further proof of the fact that the burden of poverty which has been laid on the backs of children is not one but many burdens which can be removed by different methods. Housing will be solved one way, milk and the other protective foods will be assured in another, health in another. Progress toward security will require better wages and security against unemployment. What I am pleading for is that in our approach to all these problems the interests of children weigh more heavily in the balance than individual profits.

The welfare of children requires the development of social services—and I use that term to describe all services provided by the community—schools, health services, playgrounds, and child protection, as well as provision for the dependent and the delinquent. Such services are costly, but they create social values far beyond the money outlay.

Those of you who were born just about the time when the World War began have heard international good will preached and seen international suspicion and hatred govern international relations ever since you can remember. For 5 years you have seen the destruction of values which a war against destitution has brought. * * * Injustice and cruelty to children are as old as the world. We have made some progress. We see these ways more clearly now than in the past; and with clearer vision we can do more, go farther. Without apology then, I ask you to use courageously your intelligence, your strength, and your good will toward children in the progressive removal of the economic barriers which have retarded the full development of children in the past. There will, I warn you, be discouragements and disappointments. New standards of what constitutes social justice will develop. But the cause of children must triumph ultimately. The important thing is that we should be "on our way." Perhaps you may ask—does the road lead uphill all the way? And I must answer, yes, to the very end. But if I offer you a part in a long, hard struggle, I can also promise you great rewards. Justice for all children is the great ideal in a democracy. It is the special responsibility of women.

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[1] From the commencement address at New Jersey College for Women, New Brunswick, N. J., June 2, 1934. This was the last public speech made by Miss Abbott as Chief of the Children's Bureau.

ABBOTT, GRACE, social worker; born, Grand Island, Nebr., November 17, 1878; daughter of Othman A. and Elizabeth M. (Griffin) Abbott. *Education:* Ph.B., Grand Island College, 1898; LL.D., 1931; Ph.M. in Political Science, University of Chicago, 1909; LL.D., University of Nebraska, 1931; LL.D., University of New Hampshire and University of Wisconsin, 1932; Wilson College, 1934; D.L., Mount Holyoke, 1935. Delta Gamma. *Present occupation:* Professor of public welfare, School of Social Service, University of Chicago; editor, Social Service Review. *Previously:* Illinois Immigrants' Commission (director, 1919–20; executive secretary, 1920–21); United States Children's Bureau (Chief, 1921–34); member for United States of Advisory Committee on Traffic in Women and Children, League of Nations, 1923–34. Government delegate, International Labor Conference, 1935, 1937. *Politics:* Progressive. *Member:* National Conference of Social Work (president, 1924). *Author:* The Immigrant and the Community; The Immigrant in Massachusetts; The Child and the State; contributor on child welfare to Annals of the American Academy of Political and Social Science, Social Service Review, Current History, and others. Awarded gold medal, American Social Science Association [National Institute of Social Science], 1931.—*American Women, 1939–40.*

Grace Abbott

News of the death of Grace Abbott, professor of public-welfare administration at the University of Chicago, has been received in Washington with profound sorrow. The Nation's Capital was her home during the 13 years through which she presided over the Children's Bureau, and she will be remembered with gratitude here. But it was to no single neighborhood that she devoted her genius. The truth is that she served the whole world. Her qualities of sympathy, earnestness, sincerity, and efficiency were pledged to humanity at large. In that notable respect she was an ideal American.

Yet there is no easy explanation for the vast success of Miss Abbott's career. She was not a reformer in the ordinary meaning of the word. Rather, she was a builder. Her mind and heart had no negative aspects. With materials readily available, she constructed new social values in people. To hear her speak was to catch a vision; to labor with her toward any useful goal was to share in a dream being made real. She quickened hundreds, perhaps thousands, by the fire of her own spirit. But her enthusiasms were governed and controlled by her scientific attitude toward every problem. She was a gracious and kindly person because she willed so to be. Her achievements were practically helpful because of her determination that they must have direct application. None of her contemporaries excelled her in knowledge of human character.

Miss Abbott focused her principal effort upon the neglected portion of the population. She befriended the mothers of the United States because she realized as few other sociologists did that they hold the fate of the republic in their hands. With similar comprehension she strove for every conceivable advantage for children, appreciating the fact that democracy can survive only with the support of a loyal younger generation. Her fame, then, was not temporary. She created immortality for herself. But those who knew her best always understood that she cared nothing for honors. The remembrance she wanted was impersonal. All that she asked was that the task should be finished, the obligation met, the duty done. She will have her wish. Her inspiration is a living force now and forever.

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[1] Editorial from *The Evening Star*, Washington, D. C., June 21, 1939.

National Conference of Social Work

Our conference stood in silence tonight at its general evening session in recognition of the loss all of us feel in the death of Grace Abbott, past president, who was elected to that post at our fiftieth anniversary meeting.

It is her life and her creative contribution to many of the fields which concern us that we have most vividly in mind. A Nebraskan, she has given greatly to the whole Nation. There was her early work at Hull House as director of the Immigrants' Protective League. There were her years at the Children's Bureau at Washington, first as director of the Child Labor Division, and for 13 years (1921 to 1934) as Chief. She it was who administered the first Federal Child-Labor Law; who organized the impressive White House Conference on Child Welfare Standards in 1919—the second of such gatherings; she administered the pioneer Federal-aid act for maternity and infancy (from 1922 to 1929). She had a major part in initiating the first Federal measures for relief at the outset of the depression. Until the end of her life she was a valued adviser to the Secretary of Labor. She was chiefly responsible for the organization of the Advisory Committee on Child Welfare of the League of Nations and it was at her suggestion that the world-wide inquiry into traffic in women and children was made by the League. Only recently she served as a Government delegate to the International Labor Conference.

These strokes of leadership were only illustrations of her inveterate spending of herself for people, from the Middle West to Washington, to the world.

And through it all her friends in this Conference and everywhere prize a gorgeous human being, whose faith in democracy, whose give and take in discussion, whose fighting spirit in the causes she made her own, whose administrative capacity, and whose warmth in everyday relationships made her a living force in American life.

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[1] Minute drafted by Paul Kellogg, 1939 president of the National Conference of Social Work, Buffalo, N. Y., and adopted by Executive Committee, June 20, 1939.

International Labor Conference, Geneva

TWENTY-FIFTH SESSION, FOURTEENTH SITTING, JUNE 1939

The PRESIDENT. Before proceeding with the next business on the agenda, I should like to make the following statement:

Delegates at this Conference will have learned with deep regret of the death of Grace Abbott, which occurred recently. Miss Abbott was a well-known figure in Conference circles. She was a Government delegate of the United States of America when that Government was for the first time officially represented at the International Labor Conference in 1935. At that same session she presided over the work of the committee set up by the Conference to consider the question of unemployment among young persons. She also attended the 1937 session as a Government delegate, when she was appointed reporter of the committee set up to consider the revision of the Convention's concerning the minimum age for admission of children to employment.

Miss Abbott had a long and distinguished career in her own country. For 13 years she occupied the important post of head of the Children's Bureau of the Department of Labor, and was one of the promoters of legislation for the protection of children in her own country. She subsequently became a professor in the School of Social Service Administration of the University of Chicago and continued her work in the social field, rendering great services to her country. I am sure that all delegates at this Conference will wish to express their deep sympathy with the United States of America in the loss suffered by that country.

Mr. GOODRICH (Government delegate, United States of America). Mr. President, the United States delegation warmly appreciates the speech which you have made and your expression of sympathy.

U. S. GOVERNMENT PRINTING OFFICE: 1939

CONTRIBUTORS' COLUMN

S. Josephine Baker, M. D., was associated with the Children's Bureau, 1926–36, as specialist in maternal and infant hygiene. She organized the New York City Bureau of Child Hygiene and was its head from 1908 to 1923. This was the first bureau of child hygiene under public auspices. Her autobiography, Fighting for Life, was published in 1939.

Sophonisba P. Breckinridge, social worker and educator, has been a member of the faculty of the University of Chicago since 1902, and professor of public-welfare administration since 1929 in the School of Social Service Administration. She was formerly dean of the Chicago School of Civics and Philanthropy and is the author of numerous books in the field of social work, including Public Welfare Administration in the United States: Select Documents.

James Brown 4th, of Freeport, Pa., graduated from Haverford College in 1930, received his master's degree from the University of Chicago, School of Social Service Administration, in 1937 and the degree of Doctor of Philosophy from the University of Chicago in 1939. His doctoral thesis was on the history of public assistance in Chicago, 1833-93. In addition to taking all Miss Abbott's courses he worked with her for nearly 2 years as research assistant in the preparation of The Child and the State.

William L. Chenery has been the editor of Collier's Weekly since 1925, and prior to that he was editor of the New York Telegram-Mail and managing editor of the New York Sun. He was responsible for the preparation of the final report of the 1919 White House Conference on Standards of Child Welfare.

James J. Davis was appointed by President Harding as Secretary of Labor March 5, 1921, and resigned in 1930 when he was elected United States Senator from Pennsylvania.

Ludwell Denny has been in newspaper work for many years, having been successively foreign correspondent for United Press, chief editorial writer and associate editor of the Scripps-Howard Newspaper Alliance, and editor of the Indianapolis Times. At present, he is labor editor for the Scripps-Howard papers.

William J. Ellis has been Commissioner of the Department of Institutions and Agencies of New Jersey since 1926. Among his manifold activities, Commissioner Ellis has served as chairman of the Subcommittee on the Physically and Mentally Handicapped of the White House Conference of 1930, and is a past president of the American Public Welfare Association.

Homer Folks has been the secretary of the State Charities Aid Association of New York since 1893, except for the year 1902–3 when he was commissioner of public charities of New York City, and 1917–18, when he was director of American Red Cross relief in France. Mr. Folks has taken an active part in three of the four White House conferences. He is chairman of the Report Committee of the White House Conference on Children in a Democracy, which held its first session April 26, 1939.

Felix Frankfurter, Justice of the United States Supreme Court, served as chairman of the War Labor Policies Board, assistant to the Secretary of War, assistant to the Secretary of Labor, and secretary and counsel to the President's Mediation Commission. He was professor of law at Harvard University Law School from September 1914 until he was appointed to the Supreme Court in 1939.

Bess Furman came to Washington from Nebraska in 1929 as a writer for the Associated Press and has had wide experience in the newspaper field.

William Green has been president of the American Federation of Labor since 1924. He was appointed a member of the Advisory Council to the Committee on Economic Security, 1934. He was a member of the original National Labor Board and served as a member of the governing board of the International Labor Organization, 1935–37, and of the Advisory Council of the National Recovery Administration.

Sidney Hillman has been president of the Amalgamated Clothing Workers of America since 1915. He was a member of the Labor Advisory Board of the National Recovery Administration in 1933 and of the National Industrial Recovery Board in 1935.

Edward Keating, United States Representative from Colorado, 1913–19, has since 1919 been editor and manager of the newspaper Labor, Washington, D. C.

Katharine F. Lenroot, who succeeded Grace Abbott as Chief of the Children's Bureau, joined the staff of the Bureau in 1915 as a member of the Social Service Division. She served under Miss Abbott as director of the Editorial Division, 1921–22, and as Assistant Chief of the Bureau, 1922–34.

Ellen Nathalie Matthews was with the Children's Bureau from 1918 to 1934, first as assistant director of the Child Labor Division while Miss Abbott was the director, from 1920–31 as director of the Industrial Division, and later as consultant on child-labor problems. She was chairman of the Subcommittee on Child Labor of the White House Conference on Child Health and Protection, 1930. After leaving the Children's Bureau she directed a study of the youth of New York, made by the Welfare Council of New York City.

George W. Norris was elected United States Senator from Nebraska for the term beginning March 4, 1913, and has served in that capacity ever since. He served for 10 years in the House of Representatives prior to his election to the Senate.

Viola Paradise was associated with the Children's Bureau from 1915 to 1919 as a special agent. She also worked with Grace Abbott in the Immigrants' Protective League. She is the author of three novels and many short stories and articles, for some of which the backgrounds were suggested by her work in the Children's Bureau.

Maud Wood Park, a leader in the woman-suffrage movement, was the first president of the National League of Women Voters, 1920–24.

Frances Perkins, Secretary of Labor, was appointed to that office March 4, 1933, and is chairman of the President's Committee on Economic Security, appointed in 1934. Before her appointment as Secretary of Labor she served as a member and as chairman of the New York State Industrial Board and, from 1929, as commissioner of the New York State Industrial Commission.

The Right Reverend Monsignor John A. Ryan is professor of social ethics, National Catholic School of Social Service, Washington, D. C., and director of the Social Action Department of the National Catholic Welfare Council. He is the author of books and articles in a wide field.

Charlotte Whitton, executive director of the Canadian Welfare Council, Ottawa, is the delegate of Canada to the Advisory Committee on Social Questions of the League of Nations, as she was to the committee that preceded it.

John G. Winant, Governor of New Hampshire, 1925–26 and 1931–34, was appointed chairman of the Federal Textile Enquiry Board in 1934. He was appointed assistant director of the International Labor Office in Geneva in 1935, and later in that year Chairman of the Social Security Board. In 1937 he resigned from the Social Security Board and returned to Geneva as assistant director of the International Labor Office. In June 1938 he was elected Director of the International Labor Office, Geneva, Switzerland, his present position.

CHILDREN'S BUREAU

Katharine F. Lenroot, Chief

UNITED STATES DEPARTMENT OF LABOR

FRANCES PERKINS, Secretary

Published under authority of Public Resolution No. 57, approved May 11, 1922 (42 Stat. 541), as amended by section 307 Public Act 212, approved June 30, 1932 (47 Stat. 409). This publication approved by the Director, Bureau of the Budget, May 12, 1936.

THE CHILD

Monthly News Summary

lume 4, Number 3 September 1939

CHILDREN'S BUREAU
U.S. DEPARTMENT OF LABOR – WASHINGTON, D.C.

Volume 4, Number 3 September 1939

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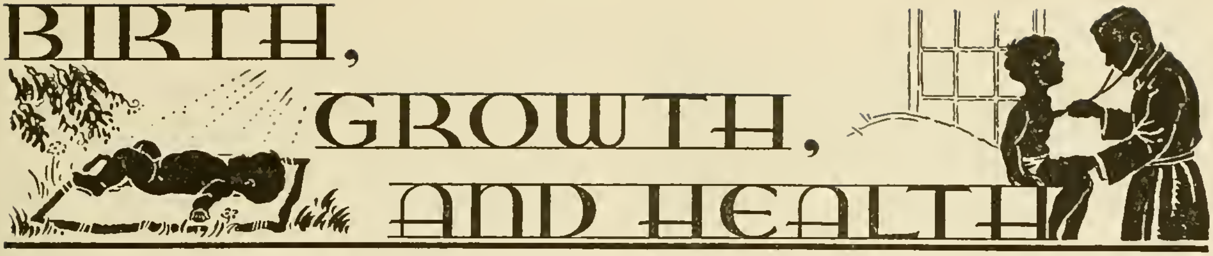
Subscription price $1 a year; postage additional outside the United States.



Objectives and Techniques for Conducting Child-Health Conferences

By Amos Christie, M. D.

Department of Pediatrics, University of California, Berkeley and San Francisco

THERE are several reasons for a specialty limited to the diseases of infancy and childhood, and they are important to keep in mind constantly in examining sick and well children. These reasons have to do with five essential differences between the diseases of infancy and childhood and those of adult life.

First, there is the factor of inheritance which plays a large part in the diseases of infancy. Second, there are abnormalities in growth and development, which form the largest group of diseases peculiar to the young; examples of these diseases are hypothyroidism, rickets, and the other deficiency diseases. The third, fourth, and fifth differences between pediatric and adult medicine are congenital malformations, diseases resulting from accidents or infection at birth, and the susceptibility of the infant and child to infectious diseases.

Third, the conference supplies a center for the education of the public-health nurse and her volunteer assistants.[1]

However, the well-baby or child-health conference is not the only or best method for carrying out health supervision. These conferences are convenient places to give mass health supervision and immunization against communicable diseases and are not to be recommended to supplant the practice of preventive pediatrics by the pediatrician or family physician. The patient-doctor relationship should be preserved, but men and women doing child-health service must refresh themselves with modern methods of health supervision and equip themselves to perform an examination which meets the requirements of an enlightened group of parents. The child-health conference as carried out in public-health circles gives the physician a proving ground for these preventive pediatric methods.

Briefly stated, the objectives of these conferences are threefold. First and foremost, the conference should establish a place where parental education is done by physicians rather than by lay magazines or by poorly informed relatives and neighbors. It is here that the individual child is appraised and deviations from normal growth or behavior noted. The parents should be informed of any such deviations, and corrective measures should be instituted by the family physician. Parents should be given opportunity to gain a better understanding of the minimum physical and mental requirements of a growing child and of methods of coping with changes in the requirements that occur as the child grows older.

Second, the conference should be designed to supply an educational center for the physician. As conditions permit he should use it to acquaint himself with the application of certain teaching principles, such as details of habit

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[1] Christie, A.: The Objectives and Nursing Responsibilities for Conducting a Child-Health Conference. *Public Health Nursing*, September 1939.

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formation and procedures for prophylaxis of communicable diseases. The physician should evaluate the modern teaching of preventive pediatrics and thus carry to his own patients methods for improving health by preventive means.

It is the purpose of this paper to review for medical students, for doctors who have been out of medical school more than 5 years, and for public-health personnel the practical importance of these differences and to outline and interpret the objectives of the child-health conference. The techniques for the conduct of these preventive pediatric conferences will also be reviewed here.

Objectives of the Child-Health Conference

Since the establishment of the first milk station in New York City in 1893 there has spread throughout the country increasing interest in the child-health conference. The decreased infant mortality rate is a tribute to this interest. The decrease has been brought about mainly by parental education performed not only through the growth of pediatrics as a medical specialty but also through the dissemination of pediatric information by an educational center. The keystone of this center in most communities is the child-health conference.

Administration of the Conference

Many problems occur in the administration of the well-baby conference which do not fall within the scope of this review. The impressions here set forth have been gained during 8 years of experience in conducting an urban well-baby clinic in a teaching center and during 2 months spent recently in observing and conducting such conferences in rural communities.[2]

Parental teaching, which is the major objective, will be most effective if the nurse and the physician (and all physicians conducting conferences) are in agreement on using standard publications as a basis for teaching.

In a profession of outstanding individualists there are honest differences of opinion concerning therapeutic and preventive measures. The point I wish to make and to reemphasize is that in order to make health education effective we must limit ourselves to what we know, weeding out the material which emotionally we think to be true. One physician should not teach that cod-liver oil is unnecessary in the summer months and another that 1½ teaspoonfuls twice a day are necessary throughout the year. We are certain, as the result of adequately controlled, scientific experiments, that the latter opinion is correct unless systematic sun baths are ordered and are actually given by the mother.

In the administration of the child-health conference it is also well to have definitely outlined the personnel's responsibilities for each detail.

Eligibility for the Child-Health Conference

It is my opinion that in rural areas there should be no economic regulations regarding attendance at well-child conferences. Any such regulation will inevitably destroy the purpose of the conference by stigmatizing certain groups. The underprivileged will not attend the conference if thus stigmatized, and it is this group which can gain the greatest benefits from it. In many communities parents who can afford to pay for well-baby service have not yet learned to appreciate this preventive service and therefore will not pay for it. Since it is primarily educational in its scope, I believe every parent, regardless of economic status, who has a well child below the age of 6 years should be eligible. The only exceptions should be parents whose children already are receiving routine health supervision by their private physician, unless this physician requests consultation service at the conference.

It might be well to recall that in these times of economic stress there are many parents whose health budget allows for calling a physician only when a child is sick. The only preventive service which is available to them is that provided by child-health conferences. This service to parents carried out in the child-health conference is an important link in our whole preventive medical set-up. It is obvious that our police protection, our fire protection, our parks, and our school systems are not limited to any one group. Preventive medicine, because it is community-wide, therefore cannot be limited to the medically needy if it is to achieve its goal. This is particularly true in rural United States.

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[2] Christie, A.: Refresher Courses in Clinical Pediatrics: An Experience in Postgraduate Education. *Journal of the American Medical Association,* vol. 112, no. 17 (April 29, 1939), pp. 1660–1664.

Services Available at the Conference

The number of child-health conferences will depend entirely on local conditions such as need, amount of money available, and time of the physician, but under ideal conditions there should be enough conferences to allow a complete medical examination with complete recording for each infant once a month for the first 12 months of life. In the second year of life an examination once every 3 months is sufficient. From 2 to 6 years of age an examination every 6 months or year would satisfy all needs.

There should be available material to immunize against smallpox and diphtheria. This should be started by the time an infant is 9 months of age and completed before the first birthday.

As will be discussed in more detail, the physician should have sufficient time not only to examine the child thoroughly and to talk to the mother about her problems, but also to enlighten the mother concerning his findings and recommendations.

Technique of the Conference

Those of us intimately engaged in pediatrics and child-health service are definitely of the opinion that special training is necessary in order to perfect oneself in the techniques of health instruction and the methods of child-health examination. However, the training for specialties is at present a problem for the medical schools, special departments, and postgraduate medical educators. While there should be no insurmountable barrier to the general practitioner who wishes to perfect himself in these techniques, he should be prepared to make some extra effort in this regard by familiarizing himself with a number of standard publications on infant and child care and the examination of the child.

With this working knowledge as a background the physician should assure himself that he has adequate time to conduct the conference. For a new case 10 to 15 minutes is the time usually required to talk to the mother, to conduct a well-baby examination, record the results adequately, and answer the mother's questions. Six minutes may suffice for most subsequent examinations. The physician who boasts that he can see 30 babies an hour is not doing an adequate job.

The physician should remember that he is responsible for the educational scope of the well-baby conference. He should also keep in mind that this type of conference is primarily of a preventive nature and that for curative procedures referral elsewhere should be made. The rights and opinions of his fellow practitioners should be constantly regarded. He should welcome an honest difference of opinion on all controversial subjects pertaining to health.

I would not say that listening to the chest or looking into the ears of a well baby is a complete waste of time. However, I believe that when the time is limited, much more good can be accomplished by spending that time in taking a short history. Who is there who can look into the mouth and say "These tonsils should be removed"? It seems more logical to give this opinion only after a history of recurrent tonsillitis, recurrent otitis media, or cervical adenitis has been obtained.

It should be determined whether or not there has been any interim illness; if there has been, the physician should not only record it but should make certain that there are no sequelae. Furthermore, this brief history-taking period will seem like a logical procedure to the mother, who might think, if not say, "The tonsils have not bothered, so why remove them?" The health examination will be respected by the parent when it is considered adequate and when it is realized that the opinion given is obtained after an examination intelligently performed. The opinion is considered dependable because the conducting physician is disinterested—he will not benefit financially from his advice, but will refer the patient back to his own private physician. Adequate time taken for the history serves still another purpose. The very fact that the physician asks, "Does the baby take his cod-liver oil?" reemphasizes the need for giving it. This is the place where the question, "Have you been able to carry out my last instruction?" should be in order. Thus we are fulfilling the educational objectives of the well-baby conference.

If these objectives are sound then the efforts of the lay or voluntary assistants and the public-health nurse should all culminate in the examination by the physician.

No attempt will be made to discuss here the various record forms that may be used in well-baby-conference work. The important point is that complete records should be kept.

Conduct of the Conference

There are many techniques in the physician-patient approach, as there are many physicians, and I would be presumptuous to assume that my own way is any better than another method used by a physician of like experience. However, I have been impressed by the complete lack of knowledge of what to say when the average medical student and many of the older physicians are confronted with—of all things—a well baby.

One cannot say, "What ails the baby?" or "What does she complain of today?" nor will the question, "What is the matter with this baby?" do. "This is supposed to be a well baby, and why on earth does the mother bring such a child to me?" thinks the physician who is unaccustomed to well-baby conferences.

Personally, I always start a well-child examination by observing the sex and name of the infant. It is the unpardonable sin in pediatrics to say, "Isn't she healthy?" when the mother is proud of her male heir. It goes without saying that mothers are flattered by use of the correct name.

Next, I observe the weight gain or loss which the nurse has recorded in the mother's well-baby book. (Clinic routine may be to record these facts on the conference-record sheet.) I comment on this favorably or unfavorably as the case may be and relate it to the gain in weight which is regarded as satisfactory. After this introduction it is very easy to ask about the type of feeding and to relate it to the weight gain or loss. If the feeding is artificial its details should be recorded. Is the baby satisfied, does he take his feeding well, does he have colic, does he vomit or have other forms of indigestion? What are the stools like and how many does the baby have in 24 hours?

Next, I ask about the accessory food substances. Are orange juice and cod-liver oil being given and how much? If these questions reveal problems in administering adequate amounts I give the mother corrective instructions. What solid foods have been added, and are there any difficulties in the administration of these?

I now proceed to questions of development as they open the problems of habit training and the fundamentals of mental hygiene. Does the baby roll over, sit up, grasp objects, use a cup, have any teeth? Has the mother started toilet training? The concluding inquiry is whether the usual immunizations have been completed.

Pediatric practice in general calls for boundless patience, and I should like to point out here the need for and value of a proper approach to a well child in order to get the most from a physical examination. A quiet manner, without brusqueness or loudness of voice, and hands that are gentle and warm will do much to aid the examiner in the adequacy and later interpretation of the physical findings. A minimum of restraint is necessary; occasionally, allowing the examination to proceed with the child in the nurse's or mother's lap is helpful. If the child prefers to stand, I see no reason why most of the examination cannot be done in this position. Most pediatricians resort to a few washable toys to distract the child's attention. It is wise, and educational also, to wash the toys in the mother's presence before or after the examination. These suggestions are not impractical even in the conduct of a busy conference.

It is now time to begin the physical examination. The exact technique of doing this would be impossible to give in detail here. Generally I start at the bottom of the feet (including plantar reflexes), and proceed to the abdomen, leaving the teeth and throat to near the end of the examination. Occasionally it is important to listen to the heart early in the examination, before crying and irritability and restlessness interfere. The genitalia are examined for undescended testicles and phimosis, the foreskin is retracted if necessary, and instructions are given as to hygiene, when necessary. Vaginitis or imperforate hymen are not infrequently noted in the female child. Needless to say the hands are now washed again in an antiseptic solution or with soap and running water before the physician completes the physical examination of the child.

The relation of the hatband circumference of the head to the circumference of the chest at the nipple line is noted and recorded, also the number and condition of the teeth, the condition of the tonsils, the relative pallor of skin and mucous membrane, and the presence of any sign of rickets, such as beading, flaring, bowing, or craniotabes.

The character of heart sounds and the presence or absence of murmurs are interesting to record in view of future examinations when there may be a differential diagnosis between rheumatic, congenital, or functional murmurs. Normally, the liver will always be palpable in infants and young children, and the spleen will be palpable in about 10 percent of infants under 1 year of age, but these findings should be recorded.

We are now ready for our real contribution to the mother's peace of mind. A remark, in any form which the examiner chooses, to the effect that her infant is normal, will make the visit worth her while. If there are deviations from normal, a detailed explanation in a sympathetic, professional manner as to what is wrong will be the first step in having the defect corrected by her family physician.

If immunization has not been completed, it is done at this time.

Instructions then are given and recorded in the mother's baby book as to changes in the milk mixture, new solid foods, additional cod-liver oil or orange juice, and the interview is concluded invariably by the interrogation, "Do you have any questions?" This is where the problems of habit training are unburdened and great anxieties relieved. By way of reassurance on subjects such as thumb sucking, it can be explained that adequacy and regularity of feeding are more important than the constant heckling to break such habits.

The child-health conference does not take the place of health supervision by the family physician or pediatrician. It is intended primarily for the examination of infants and preschool children and for the education of parents who would not otherwise be able to avail themselves of the services of a physician.

The need for some convenient, organized method of reaching these children and parents, especially in rural areas, was made clear by the White House Conference Committee on Medical Care of Children in its report, Health Protection for the Preschool Child, which showed that only 51 percent of the urban preschool children surveyed and only 37 percent of the rural children had ever had a health examination.[3]

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[3] White House Conference on Child Health and Protection: Health Protection for the Preschool Child. Century Co., New York. 1931. P. 15.

An Analysis of 1,000 Consecutive Stillbirths in Philadelphia[1]

By Thaddeus L. Montgomery, M. D.

Chairman, Committee on Stillbirths of the Obstetrical Society of Philadelphia

Two years ago a Committee on Stillbirths, composed of three obstetricians and a representative of each Philadelphia hospital, was appointed by the president of the Obstetrical Society of Philadelphia for the purpose of analyzing 1,000 consecutive records of stillbirths in the city of Philadelphia.

For purposes of this study transcripts of certificates of all stillbirths registered at City Hall were sent to the office of the committee. The committee forwarded notification of each stillbirth in a hospital to the hospital representative on the committee, who recorded on a specially prepared card the circumstances surrounding the fetal death, including the important facts of pregnancy, parturition, and the autopsy of the stillborn child. In instances of home delivery a letter was sent to the physician who attended the case, requesting information on the stillbirth and enclosing a card and self-addressed, stamped envelope for the reporting of the case. To go much further than this, it seemed to the committee, might create unfortunate antagonism; and as a matter of fact, as may be seen in the course of the presentation of data, the circumstances of stillbirths in the home are usually so incompletely understood and studied that the reporting of home cases has only limited value.

The details and circumstances of the 60 or 70 stillbirths reported each month were considered by the Committee on Stillbirths at its regular meetings. Each month 8 or 10 cases in which the circumstances of death were obscure or the etiological factors were not easily defined or unusual, or which illustrated pertinent situations were chosen for presentation at the regular monthly meeting of the hospital representatives. The representative of the hospital concerned in each case was requested to present the necessary additional data or explain the unusual situation; free and animated discussion of the problems connected therewith was usually aroused.

Although such methods of study are subject to some degree of fallacy and incompleteness as contrasted perhaps with the study of stillbirths in a single institution, nevertheless we have been able to secure in the majority of cases a pretty clear-cut picture of what has occurred in the course of pregnancy and parturition.

General Data

The actual collection of data was started on October 1, 1937. From that time until March 31, 1939, there were reported 1,203 stillbirths, of which 209 occurred in delivery in the home and 994 in the hospital. Of the hospital cases, 90 percent have been reported upon by the hospital representatives to date.

The data in this paper are based on 1,000 consecutive stillbirths, of which 125 were reported from home delivery and 875 from hospitals.

The time of fetal death in these 1,000 cases is of interest: 564 (56 percent) occurred before the onset of labor (naturally, a considerable portion of these were macerated fetuses); 355 (36 percent) occurred during labor. In 81 (8 per cent) cases the time of death was unrecognized or unrecorded. Of the 1,000 stillborn fetuses, 547 (55 percent) were immature—189 of these actually being late abortions of 20 to 27 weeks' gestation, and 358 being premature fetuses of 28 to 37 weeks' gestation. There were 395 (39 percent) full-term fetuses of 38 to 42 weeks' gestation, and 58 (6 per cent) cases in which the time of gestation was unrecognized or unknown. It is evident from these figures what an important factor either prematurity or the conditions that have given rise to prematurity play in the loss of fetal life before delivery.

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[1] Address given May 4, 1939, before the Obstetrical Society of Philadelphia.

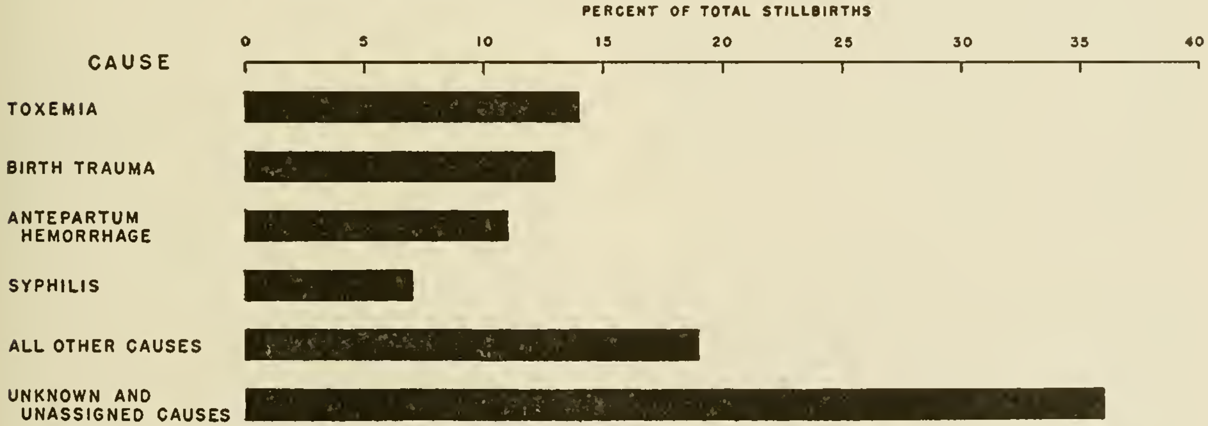
Causes of Stillbirth

From the beginning of this undertaking the Committee on Stillbirths had some difficulty in deciding upon a method of classification of cause of death. The question arose whether to classify the deaths according to the pathologic lesions which were either found at autopsy or surmised by the circumstances of the pregnancy and delivery, or to classify the deaths according to the obstetric factors which appeared etiologically responsible. There has been a strong tendency in the recent literature on stillbirths and neonatal deaths to emphasize the former type of classification, and Dr. Bundesen in his several reports of the fetal mortality of Chicago, places great emphasis on autopsy findings and the pathologic diagnosis. The English authority, Dr. Holland, however, emphasizes the importance of etiological obstetric diagnosis and states that the obstetrician must constantly have this in mind if he is to make progress in the overcoming of conditions causing death. With the latter viewpoint the committee is heartily in accord.

There is no question that the performance of autopsy and the study of autopsy findings is an essential and important part of the clarification of the problem. But the autopsy simply reveals the lesions of death; it does not tell the story of the events which led up to or gave rise to these lesions. Particularly is this fact true in the study of stillbirth. The diagnosis of generalized autolysis of the fetal structures simply tells us that the fetus has been dead, retained in the uterus for some time, and macerated. Death may have been caused by any one of a number of conditions in the mother or in the secundines. The finding of the lesions of asphyxia affords, for example, no information as to how the asphyxia occurred. It may have come from cord constriction; it may have come from placental separation; or it may have occurred from tetanic contraction of the uterus. The same may be said for practically every finding of autopsy, and unless the circumstances of the pregnancy and delivery are taken into careful consideration along with the autopsy finding, the latter alone may have, in the instance of stillbirth at least, little clinical significance to the attendant at labor.

For that reason we have selected what seems to us a practical clinical classification of the primary causes of death. In addition to these primary causes there were often secondary and contributing factors. These primary and contributing factors were, in some instances, maternal in origin; in other cases, fetal; and in others, the result of disturbance in the secundines. In chart 1 are presented the percentages of the stillbirths attributed to the five most important causes of stillbirth.

CAUSES OF STILLBIRTHS BASED ON 1,000 CONSECUTIVE CASES; PHILADELPHIA



SOURCE: COMMITTEE ON STILLBIRTHS OF THE OBSTETRICAL SOCIETY OF PHILADELPHIA

CHART

Toxemia

In the Philadelphia area toxemia is the outstanding cause of stillbirth. As a primary cause it accounted for 14 percent of all stillbirths and for 18 percent of fetal deaths which occurred before the commencement of labor. In addition, it was a contributing factor in many other cases in which the primary cause of death was ascribed to other conditions, such as premature separation of the placenta, necrosis of the placenta, and even birth trauma.

With our present limited knowledge of the causative factors in toxemia, it seems extremely unlikely that any immediate or extensive reduction in fetal deaths from this cause can be achieved. Although modern antenatal supervision has made possible the avoidance of eclampsia and of serious progression of chronic nephritis in pregnancy, and thereby has preserved maternal life, it has not materially reduced the *incidence* of nephritis and toxemia, nor has it favorably influenced the effect of these toxic states upon the delicate fetal life. Therefore, although maternal life has been preserved, the fetus continues to bear the brunt of the disburance and in serious situations may even have to be sacrificed in order to save the mother.

Consideration of preventability in the 137 fetal deaths associated with toxemia has revealed that in only 5 instances could lack of judgment on the part of the physician be held responsible for fetal death; in only 9 instances was carelessness or lack of cooperation of the patient responsible; and in 123 cases the death of the fetus was held to be nonpreventable. Whether or not the outlook for the fetus in toxemia can be improved remains to be demonstrated in future years.

Birth Trauma

Birth trauma was found to be responsible for 13 percent of all the stillbirths studied (126 cases) and for 35 percent of the fetal deaths that occurred during the course of labor. Fifty-one of these deaths involved premature fetuses; 75, mature. The contributing factors in the birth injury were many and varied. In 29 instances disproportion was recorded as a factor; in 20, breech presentation; in 16, occiput posterior; in 11, the administration of pituitrin during the course of labor; in 4, endocrine disturbances with primary uterine inertia. In 34 instances no contributing factor was recorded.

As one might suspect, the committee found it very difficult to assay the factor of responsibility for fetal death associated with birth trauma. Many factors and conditions that are subtle and difficult to determine entered into the supervision of these cases, factors which could not readily be elicited in hospital reports, so that the accuracy of our classification in this field is open to question. Nevertheless, the proportions of preventability shown give a reasonably accurate portrayal of the responsibility of physician and patient.

According to our conclusions, 74 of the 126 stillbirths due to trauma were preventable on the part of the physician, 5 were preventable on the part of the patient, and 47 were nonpreventable. Of the nonpreventable group it might be said that many babies could have been saved if, at a late period of labor, the attendant had resorted to some extraordinary and dangerous operation of delivery, but it was felt that the safety of the fetus could not be considered independently of the safety of the mother, and therefore if the fetus succumbed inasmuch the result of an attempt to conserve the life of the mother, the death of the fetus itself should not be considered preventable.

Antepartum Hemorrhage

Antepartum hemorrhage was the third most frequent cause of fetal death, constituting 11 percent of all the stillbirths studied. In 24 cases the diagnosis of placenta praevia was made and in 88 that of premature separation. Of the 88 cases of premature separation, 23 (26 percent) were associated with toxemia of pregnancy. Doubtless many of the cases reported as premature separation of the placenta may have been instances of low implantation of the placenta. Nevertheless, the proportion of these two forms of antepartum hemorrhage indicates the relatively high rate of fatality which is associated with premature separation of the normally implanted placenta.

In only 4 instances in which antepartum hemorrhage was the cause of death could the stillbirth be held preventable. These few were attributable to delay in interference on the part of the physician, either in the treatment of toxemia or in the treatment of antenatal hemorrhage. The remaining 108 cases were considered to be nonpreventable. Here again there seems to be little possibility of salvaging fetal life as long as toxemia and premature separation dominate the picture, nor can much be done to save the fetus in instances of placenta praevia in which troublesome symptoms appear early in pregnancy.

Syphilis

The fourth most common cause of stillbirth is one which presents an interesting problem in public health—syphilis. As a primary cause of stillbirth it was encountered in 7 percent of all cases and in 9 percent of the deaths in which there was a recorded serology for the mother.

An analysis of the distribution of syphilitic deaths reveals some interesting facts relating to the problem of syphilis. Of the 222 colored women whose infants were stillborn there was a recorded serology for 197; and of these, 62 (31 percent) had a positive Wassermann. Among the white women whose infants were stillborn there was a recorded serology for 326 charity patients, of whom 15 (5 percent) had a positive Wassermann, and for 148 private patients, of whom 4 (3 percent) had a positive Wassermann.

For more than one-half (214) of the 362 private white patients whose infants were stillborn there was no recorded serology; if the frequency of the occurrence of syphilis in the group as a whole was 3 percent, therefore, some five or six additional babies probably were lost as a result of this disease.

As to the preventability of syphilis, a large portion of the responsibility lay with the patient and was due to lack of cooperation or late registration. Only three deaths were considered preventable on the part of the physician. Fifteen of the deaths were held nonpreventable, as the fetus died in utero in spite of adequate antisyphilitic treatment.

Other Causes and Cause Unknown

Listed among the primary causes of stillbirth are many other conditions: Congenital malformation of the fetus, 62; prolapse of the cord, 49; necrosis of the placenta and placental insufficiency, 18; acute maternal antepartum infections, 11; polyhydramnios, 9; chronic maternal diseases other than syphilis, 7; and so on through the group of the less commonly encountered factors. Thirteen case records are being held for analysis by the committee of hospital representatives.

The group listed under "cause unknown" numbered 353 (35 percent of all the stillbirths). Fifty-three percent of the home deliveries and 33 percent of the hospital deliveries were in this group. Further study of this group is needed.

When the circumstances which were present in many of these "cause unknown" cases are considered, it becomes apparent why the conditions of death were obscure. In 165 maceration was so extensive that autopsy was valueless. In 110 no serologic test had been recorded. Then, 171 of the babies were premature, and of these 95 were late abortions of 20 to 27 weeks' gestation. There were 39 deserted babies picked up in various sections of the city and brought to hospitals for diagnosis of death. These were not identified nor subjected to autopsy, nor was there any certain evidence that they were stillborn fetuses. In 27 cases the diagnosis of death as presented by the attendant physician was "cord around the neck." This has not been accepted by the committee as a certain cause of death, unless the histologic examination has shown antemortem thrombosis and other changes to indicate cord constriction as responsible for fatality.

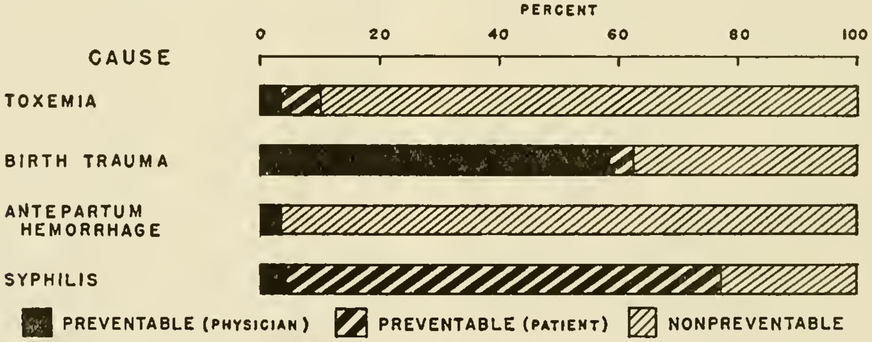
Doubtless in the future a more detailed study of similar cases will reveal circumstances upon which a diagnosis can be based, and the proportion of cases in which the cause of death is unknown will be decreased. With the limited knowledge which we have at present on hand, the group will have to remain as labeled.

Preventability in Stillbirth

When the committee first undertook its work, the thought was to determine simply the causes of death and say nothing for the present about considerations of preventability. However, it soon became apparent that the one could not be studied adequately without attention to the other; and very early, therefore, there crept into the discussion the circumstances of avoidability. Before we knew it we were labeling this case avoidable on the part of the physician, that case avoidable on the part of the patient, and others unavoidable, in just the same fashion that the Philadelphia Maternal Welfare Committee classifies its cases of maternal mortality.

Such evaluations are naturally difficult and sometimes unfair and inaccurate, as has been stated, for it is impossible to bring before the committee all the subtle factors which play a part in the management of pregnancy and parturition. Nevertheless, a reasonably clear picture could be drawn in most of them, and upon that basis we have estimated that 93 (15 percent) of the 634 stillbirths of known cause were preventable on the part of the physician; that 64 (10 percent) of the 634 were preventable on the part of the patient; and that the remaining 477 (75 percent) were, with our present knowledge and methods of obstetric management, nonpreventable. In chart 2 are shown the percentages of stillbirths from each of the four most frequent causes that were considered preventable on the part of the physician, preventable on the part of the patient, and nonpreventable.

PREVENTABILITY OF STILLBIRTHS FROM FOUR MOST FREQUENT CAUSES
(BASED ON 1,000 CONSECUTIVE STILLBIRTHS IN PHILADELPHIA)



SOURCE: COMMITTEE ON STILLBIRTHS OF THE OBSTETRICAL SOCIETY OF PHILADELPHIA

CHART 2

Naturally, the cases of unknown cause have been eliminated from this consideration, for the committee feels, and I think rightly so, that if the cause of death is unknown the question of whether it could or could not be prevented is equally obscure.

A consideration of the principal causes of preventable deaths in the physician and patient group reveals that 77 (83 percent) of the cases which were considered preventable on the part of the physician were attributable to birth trauma; and that 48 (72 percent) of the cases attributable to ignorance or lack of cooperation on the part of the patient were due to syphilis.

General Discussion

Several members of the committee of hospital representatives are at present working on further analysis of individual problems and will present their papers before the society in the ensuing year. What I have given you, however, I believe is sufficient to afford a general picture of the stillbirth situation in Philadelphia.

It is clearly evident that the situation is improving. In 1929 the puerperal mortality rate (U. S. Bureau of the Census) was 74 per 10,000 live births; in 1937 it was 42. In 1929 the stillbirth rate was 35 per 1,000 total births; in 1937 it was 28. Improvement in preventing fetal mortality has gone hand in hand with improvement in preventing maternal mortality during recent years and doubtless is attributable to the by-effects of the work of Dr. Williams' Maternal Welfare Committee.

I am not so optimistic as to think that in its short 18 months of existence the work of the Committee on Stillbirths has had much material effect in reducing the stillbirth rate. Nevertheless, it is worth while at this moment to point out some of the educational features of this analysis.

The monthly meetings have been attended by 35 or 40 hospital representatives and visiting physicians. The discussion has been freely participated in by all, and naturally suggestions which have to do with further study of stillbirths have been carried back to the individual hospitals of the city. This larger committee has discussed a number of problems, and for several months has made it a point not only to analyze a number of cases but to have some member of the committee study a pertinent group and report thereon at the general meeting.

The active analysis of all phases of obstetric welfare—maternal, stillbirth, and neonatal[2]—being carried on in Philadelphia is bound to make an impress upon the practice of obstetrics in this city, and I trust the day will not be far away at which Philadelphia may become known as the safest place in the United States to have a baby.

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[2] A preliminary report by Ralph M. Tyson, M. D., on the Philadelphia study of neonatal deaths, appeared in *The Child*, March 1939.

BOOK AND PERIODICAL NOTES

THE SCHOOL HEALTH PROGRAM, by C.-E. A. Winslow. Regents' Inquiry, McGraw-Hill Book Co., New York. 1938. 120 pp. $1.50.

This study of the health program of the schools of New York State was made by Prof. C.-E. A. Winslow, of Yale University, in connection with the Regents' Inquiry into the Character and Cost of Public Education in the State of New York.

On the basis of representative school systems studied, the health program is evaluated from the point of view of healthful school living, including sanitation and mental hygiene, health instruction, physical education and recreation, and health services.

The relationship of the emotional stability of the teaching personnel to the mental health of the children is emphasized. The author recommends that far more attention be given to the selection of candidates for teacher training and for supervisory and administrative positions; that adequate courses in mental hygiene and child guidance be included in teacher-training courses, under instructors with clinical experience in child psychiatry; that systematic research be undertaken in regard to the mental-hygiene problems of both pupils and teachers; that training in mental hygiene be made available for teachers now in service; and that teachers now in service who show extreme degrees of maladjustment be removed from the classrooms.

The New York law requires that each pupil be given a physical examination once a year. The committee found that the demand for an annual examination resulted as a rule in a procedure so hasty and incomplete as to be almost valueless. It recommends that each child be given a really comprehensive physical examination by a physician three times in the course of his school life; and that any child returning to school after absence due to illness receive a special examination; and that the daily health inspection conducted by nurse or teacher should be made a much more serious procedure than it is at present in most school systems.

The summary of recommendations lists objectives of a school-health program which are of general applicability, as well as suggested changes in the New York education laws.

Because it believes that the elements of the school-hygiene program can be truly effective only when integrated in a coordinated whole, the committee recommends that all phases of the program should be under the jurisdiction of educational authorities, "although medical and nursing personnel of the health department may often be used as agents of the board of education in this field with great advantage."

THIS PROBLEM OF FOOD, by Jennie I. Rowntree. Public Affairs Pamphlets No. 33. Public Affairs Committee, New York. 1939. 32 pp. 10 cents.

Using as source material publications of the League of Nations and the United States Department of Agriculture, the author considers the food problems that confront health workers, welfare workers, educators, producers, and consumers. Ways of dealing with these problems are discussed under two main heads: First, the fundamental facts about nutritive value and food economy that are necessary for intelligent food selection; and, second, some public policies that might enable consumers to obtain the foods that they know they need and wish to have. The pamphlet is written in nontechnical language; statistical data are presented pictorially or in simple tables.

GUIDING PRINCIPLES FOR STUDIES ON THE NUTRITION OF POPULATIONS, by E. J. Bigwood. Series of League of Nations Publications. III. Health 1939. III.1. Distributed in the United States by Columbia University Press, New York. 281 pp. $1.50.

In line with the recommendations of the Technical Commission on Nutrition of the League of Nations Health Organization, Dr. Bigwood, professor at the University of Brussels, in this monograph considers how nutrition surveys of populations should be conducted "in order that the work may be carried out on sound lines and the findings presented in such a way as to facilitate comparison" between studies made in different countries. The monograph is divided into two main sections, each of which covers an essential aspect of a comprehensive survey of a population.

Part I deals with the objectives and techniques of dietary surveys undertaken to yield data on the food consumption habits of countries, selected population groups, families, or individuals. This section was submitted to a subcommission of the Technical Commission in August 1938 and was recommended by that body to the National Nutrition Committees of the various countries.

Part II deals with inquiries into the nutritional status of the persons or populations whose dietaries have been surveyed and concludes with a review of various types of studies of nutritional status that have been made in recent years.

GETTING READY TO BE A FATHER, by Hazel Corbin. Macmillan Co., New York. 1939. 48 pp. $1.25.

Dedicated to the men who attended the first class for expectant fathers at the Maternity Center Association, New York City, this book approaches maternity care from the father's point of view. The need for prenatal care, how to select good hospitals, physicians, and nursing care, how to make furniture and equipment to care for a baby in a small apartment, and a few facts about the actual care of the baby are all discussed in this book.

HEALTHY BABIES ARE HAPPY BABIES; a complete handbook for modern mothers, by Josephine Hemenway Kenyon, M. D. Revised edition. Little, Brown & Co., Boston. 1938. 330 pp. $1.50.

Dr. Kenyon, a pediatrician practicing in New York City, has tried to put herself in the place of the expectant mother or the mother of a young child and to anticipate what she needs to know at each stage of her pregnancy and at each stage of the child's development up to the age of 3 years. Each short period of development is treated as a unit so that the mother may find in one place what she most needs to know at the moment. Throughout the book emphasis is placed on the psychology of the child, on his place in the family, and on the mother's care of herself during the entire period.

CARE OF INFANTS AND CHILDREN, by Harry Lowenburg, Sr., M. D., with an introduction by Morris Fishbein, M. D. Whittlesey House, New York. 1938. 300 pp. $2.50.

Believing that the well-informed parent or nurse is much better able to cooperate with the doctor in the care of the infant or child than the uninformed, Dr. Lowenburg has written this book as a guide to procedures for carrying out physician's orders—to tell how rather than when or why things should be done. The author discusses the care of children from before birth through early childhood, with special chapters on prevention of contagious diseases, care of the sick child, sick-room preparations, and the layette.

CHILDREN FROM SEED TO SAPLINGS, by Martha May Reynolds. McGraw-Hill Book Co., New York. 1939. 337 pp. $2.50.

Successive stages in the physical and mental growth of children from before birth up to the eighteenth birthday are summarized in this book, which the author, formerly of the Child Study Department, Vassar College, presents as a guide in the scientific study of children.

The picture is one of continuous growth, with equal emphasis on all age levels—nursery school, elementary school, and junior and senior high school alike. For example, one chapter is given to the 8-year-olds, whom the author describes as in transition from early childhood to preadolescence. The author points out differences and resemblances among children of the same age group resulting from the stage of physiological and mental development of each child and from hereditary and environmental factors.

Study of children is advocated by means of observing groups of children of a given age level in school, at play, and in other situations, and by means of developing contacts with individual children.

Techniques for studying children and for interviewing are suggested in the appendixes, which also contain a list of reference books.

SOCIAL WELFARE OF CHILDREN

The Rural Child-Welfare Worker and Her Job

By Maude von P. Kemp

Bureau of Social Welfare, Court House, Bangor, Maine

Although the aims and techniques of the child-welfare worker may be the same in the country as in the city, the conditions of the rural job are often very different, and the ways in which the worker uses her techniques may also be different.

The rural worker, whatever the specific phase of her activity, must be willing to live in a glass bowl. There is no way for her to protect herself from the observation, often critical, of a group of persons who are accustomed to general-store discussion of all activities in the community. As a newcomer she will be discussed in minute detail from the time she enters the community until the work she is doing becomes so deeply rooted in the community itself that it ceases to excite comment. Perhaps this would be easy to handle if her job performance only were discussed; but when a worker's every act, her appearance, living conditions, recreation, associates, travels, clothes, and church attendance are discussed in detail, the problem is a different one. A worker who is doing a public job in a small community becomes the personal property of the community in a way that she never does in a city.

In addition to being observed and discussed, the rural social worker faces the problem of actual living habits. In a setting where people are used to being neighborly and to knowing about each other's personal affairs, the reticence of a person not accustomed to this way of living is often interpreted as unfriendly and is seldom thought of as something which brings her closer to the community. The rural worker has to take what she can find in the way of living conditions. The location in which she chooses to live ties her to one group or another in the community, and she has to learn to handle the social problems this creates.

The Country Tempo

The country has its own tempo of living. Rural people are, in general, less accustomed to directness and speed in human affairs than city people. What may be logical and reasonable expeditiousness in the city may cause antagonism in the country. There, the most expeditious way to reach case-work problems and ways of solving human difficulties may be via a discussion of crops, weather, and the latest county scandal.

The distances to be traveled modify the worker's ability to plan her job. She has to take into account planting and picking seasons, hours when chores are necessary, early rising hours, market days when farmers are likely not to be at home, and so forth. It is no joke for a busy worker to travel 10 or 15 miles to see one family and find that the family is away from home. But if she attempts to be more precise in her planning, she may find that writing for appointments is so far from the usual procedure that it makes for less effective contacts.

The rural social worker should not be disturbed if she is addressed by any or every title people happen to choose. Nurse and social worker are often confused, for example, as the functions of the two frequently are indistinguishable to the general run of townspeople.

To be able to define concretely a type of service that touches all human experience is no easy task under any circumstances; and when people are not especially concerned to have the matter clarified, it becomes even more difficult to handle.

Without Benefit of Agencies

One condition encountered in case work in rural areas is the lack of visible resources for social treatment through specialized agencies. For a children's worker the absence of clinics—diagnostic or for treatment—recreation centers, organized social group work of any kind, presents a real problem of adjustment. A case worker interested in family rehabilitation finds resources for employment or vocational advice more restricted in the country than in the city.

The Importance of Being Tactful

Whether young and inexperienced or more seasoned and interested in rural work, the rural worker must possess certain personal traits valuable everywhere but practically indispensable in the rural job. Her general personal make-up must be of a sort that is acceptable to the community in which she is to work. An over-enthusiastic, aggressive, too eager person attempting to work in a community where social relationships are habitually reserved and slow in pace may run into difficulties not at all related to her actual knowledge of her job. A very shy, reserved person may find herself seriously handicapped in achieving results in a community customarily warm-hearted and outgoing. She must seem a likable person to the residents of the community or they will not follow her in her efforts to serve persons in distress in their neighborhood. Lack of tact may get the rural worker into insurmountable difficulties. The feeling stirred up by a tactless interview with one official may reach the second official she wishes to talk with before the worker herself does, and this may make a correction of her mistakes virtually impossible.

Professional child-welfare activity ordinarily is a process undertaken jointly by persons in agencies whose approaches differ but whose basic aims are identical. The rural worker, however, must try to work toward professional accomplishment even when the persons with whom she attempts to cooperate may not agree with her aims. Therefore she has to learn to participate without condescension in situations where she feels a greater urgency than do the other persons concerned to achieve certain results.

"—and Whether Pigs Have Wings"

It is necessary for the rural worker to be not only likable, tactful, and uncondescending, but willing and able to engage in a leisurely process of "visiting." She cannot be pleasant in her professional relationships with people and snub them socially. It is generally not possible in the country to complete one's business with a person and then leave. Rural people like a chat, and they like to exchange views about the weather or the state of the crops. One worker recently decided that an essential quality for her to develop was an interest in and a knowledge of the growth and development of young pigs. She found that the small porkers, which represented the families' potential winter food supply, had to be discussed almost as much as the children.

Lastly, a rural worker's manner of speaking must be simple. If she discusses human problems in technical language, she may be misunderstood, ridiculed, and shut out by her rural neighbors.

Never can the rural worker hope to have nice, tidy hours of work. It is impossible for her to be unavailable and anonymous after 5 p. m. Because this is true, she has to develop especial skill in saying "no" tactfully and in preserving her own time for leisure.

Detecting Facts and Motives

Sifting fact from opinion or gossip is always a real problem. This is particularly true for the rural worker because sometimes the people she talks with as collateral references or sources of help are not completely objective and are not thinking only in terms of service to the client. An official who apparently wants the client to have better living quarters may really wish to rent a dwelling owned by a friend or relative.

Although this kind of dual objective exists in city situations also, it may be more visible in the rural community where lives are closely interwoven.

Knowing the Community

What Every Social Worker Should Know About Her Community, by Margaret Byington,[1] holds real value for the worker in small towns. Communities vary as widely as do individuals, and unless the rural social worker is able and willing to be as patient and thoughtful in learning the personality of her community as she is in understanding and serving individuals, she cannot build any social-work program which will be an expression of that community's concern for people. Any worker who will develop her historical sense by finding out how her community happened to be and what its growing pains—industrial, economic, and agricultural—have been will find herself largely rewarded because she will reach an understanding of the community more like that of a "native."

The child-welfare worker in a rural area needs to know the already established channels through which services similar to the ones she has to offer are being rendered. She needs to know the superintendent of schools and the teachers and to understand any special problems that the schools in this community face. If she can appreciate the difficulties pressing upon local schools, school officials will be more receptive.

Churches develop differently in this community or in that one. In some places the church is strictly a religious unit which makes no attempt to touch any kind of activity other than spiritual. In other places the church is the social center of the community, represents the focus of community concern about human problems—secular as well as spiritual—and is a force for general social progress.

As a new person coming into the community, the worker must realize not only that the established channels of church, school, grange, or 4-H club may serve her and the work she is trying to do, but that it is fair for these organizations to expect her to reciprocate by sharing with them in their program.

Knowing the Joneses

Rural work is noticeably different from city work in the emphasis placed on family reputation. In the country one cannot evade the known social status of the client's family. It is no small task to convince a selectman or a county commissioner who has known the Joneses and whose grandfather knew the Jones' grandfather that the whole explanation of the Jones' trouble may not be that "no Jones was ever any good. They have been on town help ever since there were any Joneses." If the worker is convinced that certain difficulties that the Joneses face can be remedied, she may find that trying to enlist sympathy or concern for any member of the Jones tribe is flying in the face of a very unbelieving and critical community. It is sometimes true, however, that even with all members of the Jones tribe known to the community as worthless, there may come a reversal of feeling about one member of the family who, in spite of being a Jones, has shown a good deal of grit and determination to overcome handicaps. The trick is to get the community to give him a chance to use what strength he has without condemning him in advance.

Satisfactions of the Rural Job

For persons who enjoy a tempo of life different from the rush of the city, a closeness to other people, and visible results, the job of case worker in a rural community offers many satisfactions. The very ease of day-to-day contacts with neighbors who are glad to see one is a comforting and stimulating thing. A sense of adventure comes from learning to live in a community and function as a member of that community and as a force for human betterment. The impact of one person professionally concerned about welfare problems upon town meeting or county commissioners' meeting may actually change the existing machinery established to meet human need.

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[1] See also Your Community, by Joanna Colcord (Commonwealth Fund, 1939).

The Liberalized Social-Security Program

The provisions for Federal grants to States for public assistance to the needy aged, aid to dependent children, maternal and child-health services, services for crippled children, public-health work, vocational rehabilitation, and aid to the needy blind are liberalized by a bill (H. R. 6635) passed by Congress on the day of adjournment, August 5, 1939, and signed by the President on August 10, 1939 (Public, No. 379, 76th Cong.). The act also includes amendments to the unemployment-compensation provisions and far-reaching amendments to the provisions for Federal old-age insurance benefits. Of particular interest to children are the new provisions for survivors' benefits.

In approving the bill the President said:

> It will be exactly 4 years ago on the 14th day of this month that I signed the original Social Security Act. As I indicated at that time and on various occasions since that time, we must expect a great program of social legislation such as is represented in the Social Security Act to be improved and strengthened in the light of additional experience and understanding. These amendments to the act represent another tremendous step forward in providing greater security for the people of this country. This is especially true in the case of the Federal old-age insurance system which has now been converted into a system of old-age and survivors' insurance providing lifetime family security instead of only individual old-age security to the workers in insured occupations. In addition to the worker himself, millions of widows and orphans will now be afforded some degree of protection in the event of his death, whether before or after his retirement.

The survivors' benefits entitle each unmarried dependent child under 18 of an insured worker who dies under the age of 65 or who retires at age 65 to a monthly amount equal to one-half of the primary benefit. The widow of an insured worker is entitled to a monthly amount equal to three-fourths of the primary benefit if she has minor dependent children or if she is 65 or over. Provision is made for the payment of the monthly insurance benefits in 1940.

Puerto Rico will become eligible on January 1, 1940, for Federal grants for the three services administered by the Children's Bureau—maternal and child-health services, services for crippled children, and child-welfare services—on the same basis as a State. Social-security funds for general public-health work and for vocational rehabilitation will also become available for Puerto Rico.

For maternal and child-health services the annual amount authorized for Federal grants to States is increased from $3,800,000 to $5,820,000; for services for crippled children the annual amount authorized is increased from $2,850,000 to $3,870,000. In each case the additional amount includes $20,000 for a flat grant to Puerto Rico. An increase of $10,000 for child-welfare services to be available to Puerto Rico is also included.

Of the additional amount for maternal and child-health services, $1,000,000 is to be allotted on the basis of live births and must be matched by State or State and local funds; and $1,000,000 is to be apportioned without matching requirements, according to the financial need of each State for assistance in carrying out its plan, after taking into consideration the number of live births.

The additional $1,000,000 for services for crippled children is to be allotted without matching requirements, on the basis of the financial need of each State for assistance in carrying out its plan, after taking into consideration the number of crippled children in need of such services and the cost of furnishing such services to them.

The amendments to the Social Security Act increase the amount authorized for Federal grants for child-welfare services from $1,500,000 to $1,510,000. The additional $10,000 is for a flat grant to Puerto Rico.

In the Third Deficiency Appropriation Act, $1,000,000 of the increase authorized for maternal and child-health services, $500,000 of the increase authorized for services for crippled children, and $5,000 of the amount authorized for child-welfare services were appropriated for the fiscal year ending June 30, 1940.

The amount authorized for public-health work (administered by the Public Health Service) is increased from $8,000,000 to $11,000,000 annually and the amount for vocational rehabilitation (administered by the Office of Education) from $1,938,000 to $3,500,000. The Third Deficiency Appropriation Act includes an additional appropriation of $1,500,000—one-half of the additional amount authorized—for public-health work in the fiscal year ending June 30, 1940, but none for vocational rehabilitation.

The amendments of the provision for aid to dependent children, administered by the Social Security Board, increase from one-third to one-half the basis on which Federal funds will be matched with State or State and local funds after January 1, 1940. The maximum amount that can be allowed each child as a basis for the Federal contribution remains as before—$18 a month for the first child and $12 for each additional child in the family. The age under which aid may be given is raised from 16 to 18 for children regularly attending school; the extension of the age limit became effective immediately.

The maximum amount that can be allowed as a basis for Federal grants to States for public assistance to needy aged persons and to needy blind persons on a 50–50 matching ratio is increased by the amended act from $30 to $40 a month per person.

In commenting on the assistance and maternal and child-welfare features of the act, the President said in his statement:

> The Federal-State system of providing assistance to the needy aged, the needy blind, and dependent children has also been strengthened by increasing the Federal aid. I am particularly gratified that the Federal matching ratio to States for aid to dependent children has been increased from one-third to one-half of the aid granted. I am also happy that greater Federal contributions will be made for public health, maternal and child welfare, crippled children, and vocational rehabilitation. These changes will make still more effective the Federal-State cooperative relationship upon which the Social Security Act is based and which constitutes its great strength. It is important to note in this connection that the increased assistance the States will now be able to give will continue to be furnished on the basis of individual need, thus affording the greatest degree of protection within reasonable financial bounds.
>
> As regards administration, probably the most important change that has been made is to require that State agencies administering any part of the Social Security Act coming within the jurisdiction of the Social Security Board and the Children's Bureau shall set up a merit system for their employees. An essential element of any merit system is that employees shall be selected on a nonpolitical basis and shall function on a nonpolitical basis.

State plans for maternal and child-health services and for services for crippled children, after January 1, 1940, must show methods of administration relating to the establishment and maintenance of personnel standards on a merit basis. The act provides, however, that the Federal agency shall exercise no authority with respect to the selection, tenure of office, and compensation of any individual employed in accordance with such methods.

Speaking of the Committee on Economic Security appointed in 1934, the President said:

> The present law is the result of its deliberations. That committee is still in existence and has considered and recommended the present amendments. In order to give reality and coordination to the study of any further developments that appear necessary, I am asking the committee to continue its life and to make active study of various proposals which may be made for amendments or developments to the Social Security Act.

To the original committee, consisting of Frances Perkins, Secretary of Labor, Chairman; Henry Morgenthau, Jr., Secretary of the Treasury; Frank Murphy, Attorney General; Henry A. Wallace, Secretary of Agriculture; and Harry L. Hopkins, Secretary of Commerce, the President added Arthur J. Altmeyer, Chairman of the Social Security Board.

NEWS AND READING NOTES

National Conference of Social Work elections At the Buffalo meeting of the National Conference of Social Work, June 18–24, 1939, the following officers were elected for 1940:

President, Grace L. Coyle, professor of group work at the School of Applied Social Sciences, Western Reserve University, Cleveland; vice presidents: Arlien Johnson, director, Graduate School of Social Work, University of Washington, Seattle, who in September goes to the University of Southern California, Los Angeles; Sidney Hollander, member of the Maryland Board of State Aid and Charities, Baltimore; Mrs. DeForest Van Slyck, executive secretary, Association of the Junior Leagues of America, New York City.

The conference will hold its sixty-seventh annual meeting May 26–June 1, 1940, in Grand Rapids, Mich. The nominations for 1941 officers to be elected at this meeting are:

For president, Jane M. Hoey, director of the Bureau of Public Assistance, Social Security Board, Washington, D. C.; for vice presidents: Ellen C. Potter, M. D., medical director, New Jersey State Department of Institutions and Agencies, Trenton; Fred K. Hoehler, director, American Public Welfare Association, Chicago; J. T. Clark, executive, St. Louis Urban League.

References on illegitimacy The following articles on the subject of illegitimacy are available on request through the Social Service Division of the Children's Bureau:

The Effect of the Social Security Act on the Treatment of Unmarried Parents, by Mary S. Labaree (paper read at National Conference of Social Work, Buffalo, 1939; 24 pp. Mimeographed).

Legislation and Regulations Relating to Separation of Babies From Their Mothers (reprinted from *The Child*, July 1938).

The Fathers of Children Born Out of Wedlock, by Maud Morlock (6 pp. Mimeographed).

Medical Social Work With the Unmarried Mother (reprinted from *The Child*, May 1938).

Foster-Home Care for Unmarried Mothers, by Maud Morlock (*The Child*, September 1938)

Better Homes (paper given by Maud Morlock at fifty-sixth annual meeting of the National Florence Crittenton Conference, May 23, 1939).

A list of references on illegitimacy is also available.

Publications of Educational Policies Commission The deliberations of the Educational Policies Commission, working under the sponsorship of the National Education Association of the United States and the American Association of School Administrators, are culminating in a series of reports which reveal needs and define a program for education in our democracy. Three major documents constitute a trilogy.

The Unique Function of Education in American Democracy was written by Dr. Charles A. Beard in cooperation with the members of the Commission (National Education Association of the United States, Washington, 1937; 129 pp.; 50 cents). The effect on education of changing theories of government and changing economic and social orders is traced in this book. Since the future of democratic society is now being challenged, emphasis is laid on the social obligation of education to prepare youth for participation in an associational life. The book concludes with a discussion of the conditions requisite for the discharge of such obligations.

The Structure and Administration of Education in American Democracy continues the discussion of the organization and scope of public education (National Education Association of the United States, Washington, 1938; 128 pp.; 50 cents). The work on this volume was carried forward largely by Dr. George D. Strayer, who is one of the members of the Commission. Questions of administrative policy, including the organization of the public-school system, the relation of public to private schools, the participation of teachers in the formulation of educational policy, and the relationship among local, State, and Federal agencies in the control of education are treated.

Dr. William G. Carr, secretary of the Commission, is chiefly responsible for the third volume—The Purposes of Education in American Democracy. The Commission has tried to do two things in this book: To state what the schools of the United States ought to try to accomplish, and to describe some of the things which need to be done if these purposes are to be realized. Among the objectives set up are those of self-realization, human relationship, economic efficiency, and civic responsibility. The final chapter deals with critical factors in the attainment of these educational objectives.

BOOK AND PERIODICAL NOTES

Adventuring in Adoption, by Lee M. Brooks and Evelyn C. Brooks. University of North Carolina Press, Chapel Hill, N. C. 1939. 225 pp. $2.

Prospective foster parents as well as those who already have a child in their home will have many of their questions answered by this book. In clear, readable fashion part 1 describes the advantage of obtaining a child from an authorized child-placing agency and interprets some of the social aspects of adoption procedures. Comments from adoptive parents and adopted children, as well as illustrations of agency practices, are used to good advantage.

Part 2, which is "aimed at the interests of those who see the adopted child as a focus of parental and professional responsibility and who wish to explore the broader field of adoption," contains a discussion of the historical, legal, and research aspects of the question.

An annotated bibliography of popular and professional literature on adoption is also included.

Public Aid for the Care of Dependent Children in Their Own Homes, 1932–38, by Dorothy R. Bucklin. *Social Security Bulletin*, vol. 2, no. 4 (April 1939), pp. 24–35.

The rapid expansion of the program for aid to dependent children in the country as a whole during the years 1936–38 is shown in this article in marked contrast to the relatively stable picture of mothers' aid in the preceding 4-year period. The extension of the program since 1936 is attributed primarily to the provision of Federal funds which elicited additional State and local funds, and to the fact that many States have broadened their laws by adopting a more inclusive definition of the term "dependent child," by liberalizing the amounts that may be granted to individual families, and by relaxing requirements relating to residence.

The Economic Status of Urban Families and Children, by I. S. Falk and Barkev S. Sanders. *Social Security Bulletin*, vol. 2, no. 5 (May 1939), pp. 25–34.

Analysis of information on the money income or relief status of urban families in 1935–36, obtained through the National Health Survey, shows that two-thirds of the families considered had incomes of less than $1,500. The economic status of the families with children under 16 years of age was distinctly less favorable than that of families without children. Children constituted one-fourth of all persons in the surveyed population, but more than one-third of all persons in relief families. Moreover, 71 percent of the children were in homes with incomes which were inadequate or barely adequate to supply the minimum necessities for these growing children (less than $1,500 a year). Only 1.4 percent of the children were found in families with incomes of $5,000 or more.

Twenty-six percent of the young children were in families with four or more children; among these children, more than 42 percent were in families which were or had been on relief, and a total of 81 percent were in families with incomes of less than $1,500.

Children in broken homes suffered a special economic handicap as compared with children in homes with both parents. Nearly 10 percent of all the children were found in families with the mother only. Almost half of these children (47 percent) were in relief families, and almost nine-tenths were in families with incomes of less than $1,500 a year.

EMPLOYMENT PROBLEMS OF MINORS

I. L. O. Recommendations Concerning Vocational and Technical Education and Apprenticeship

By Clara M. Beyer, *Assistant Director, Division of Labor Standards,*
U. S. Department of Labor

The world-wide recognition of the importance of trained workers to industrial and social progress was evidenced by the unanimous approval by the International Labor Conference, held in Geneva in June 1939, of the recommendations concerning vocational and technical education and apprenticeship. All countries indicated a real desire to reorganize vocational training on a basis of principles better adapted to present industrial requirements. The accepted principles were briefly as follows:

(1) Vocational-training programs should be closely adapted to the social and economic needs of the community, the workers, and the employers.

(2) Local and regional advisory committees truly representative of the groups concerned should participate actively in the conduct of the program.

(3) Vocational education should be built upon a firm foundation of general education.

(4) Admission to technical and vocational schools should be free and attendance facilitated.

(5) Subjects of general educational value and subjects relating to social questions should be included in all classes of vocational and technical education.

(6) Teachers should be properly trained, both technically and practically.

The recommendations concerning apprenticeship were based upon a recognition that the "efficacy of apprenticeship largely depends on the satisfactory definition and observance of the conditions governing apprenticeship and in particular of those relating to the mutual rights and obligations of master and apprentice." These recommendations included:

(1) Extension of the apprentice method of training to trades where necessary.

(2) Coordination to guarantee uniformity in the degree of skill required and in the methods and conditions of apprenticeship within a trade.

(3) Technical competence of the employer to train an apprentice.

(4) A fixed minimum age for apprentices.

(5) Medical examination for applicants for apprenticeship.

(6) Registration of apprentices.

(7) Arrangements for the transfer of apprentices from one employer to another where such transfer appeared necessary.

(8) Examination of apprentices at expiration of period and where necessary during the course of the apprenticeship and recognition throughout the country of certificates granted as a result of examinations.

(9) Supervision of apprentices to assure observance of rules and satisfactory training.

(10) A written contract covering the terms of the agreement, including wages.

(11) Active cooperation of employers' and workers' organizations in the conduct of the program.

(12) Close collaboration of the authorities supervising apprenticeship with the general and vocational-education authorities, the vocational-guidance institutions, public employment offices, and labor-inspection authorities.

NEWS NOTES

Regulations Concerning Issuance of Age Certificates

The Chief of the Children's Bureau in July 1939 announced the withdrawal of South Carolina and the designation of North Dakota as a State in which State age, employment, or working certificates or permits shall have the same force and effect as Federal certificates of age under the Fair Labor Standards Act of 1938. In August Iowa was so designated, making a total of forty-three States and the District of Columbia designated for the issuance of State age certificates under the act.

Under arrangements completed in July, Federal certificates of age are now issued to employed minors in South Carolina, as the State child-labor law does not require that certificates of age be on file for employed minors and it was not feasible for the Commissioner of the State Department of Labor to continue to provide them. Other States in which Federal certificates are issued are Mississippi and Idaho.

Temporary Regulation No. 1–D was issued by the Chief of the Children's Bureau July 13 extending the temporary regulation providing for the acceptance of birth or baptismal certificates as proof of age for an additional period of 92 days, or until October 24, 1939. Iowa, Louisiana, and Texas are operating under the temporary regulation.

Hearing on Employment of Minors in Driving Motor Vehicles

A preliminary hearing was held by the Children's Bureau August 18, 1939, concerning the employment of minors between 16 and 18 years of age in driving motor vehicles and in serving as helpers on such vehicles. The purpose of the hearing was to obtain testimony to assist the Chief of the Children's Bureau in determining whether these occupations are particularly hazardous for minors between 16 and 18 or detrimental to their health and well-being.

EVENTS OF CURRENT INTEREST

Dr. Carstens

Through the death of Dr. C. C. Carstens on July 4, 1939, the Children's Bureau has lost a valued friend. Dr. Carstens, executive director of the Child Welfare League of America, had devoted his life to the development of better services to dependent, neglected, and delinquent children on the part of private and public agencies.

Dr. Carstens entered social work from the teaching field in 1899. After attending the New York School of Social Work, he became assistant secretary (in 1900) of the Philadelphia Society for Organizing Charity. From 1903 to 1907 he was assistant secretary of the New York Charity Organization Society.

Dr. Carstens' major work for children began when in 1907 he went to Massachusetts as general secretary of the Massachusetts Society for the Prevention of Cruelty to Children. For 13 years he organized protective services for children throughout the State, and during this period he was becoming more and more conscious of the need for the development of public services for children on a local area basis. At the National Conference of Charities and Corrections held at Baltimore in 1915 he gave a paper of unusual interest in which he expressed this need, as follows:

> The State is the most useful area for the development of standards and machinery for the care of children of whatever type. In populous areas the county may well assume certain administrative functions, or in a dense population, the city. In certain New England States the town or a union of towns; and in certain sparsely populated States a union of counties may serve this purpose. Subject to the limitations which Federal and State constitutions have for the time being established, there is no task which the community in its public capacity may not undertake and, under certain circumstances, should not undertake.

Since 1921 Dr. Carstens, as executive director of the Child Welfare League of America, has traveled widely over the United States familiarizing himself with public and private child-welfare programs for children and influencing greatly the development of these programs. He made a great contribution to each of the White House conferences. In the White House Conference on Child Health and Protection in 1930 he served as chairman of the Section on the Handicapped: Prevention, Maintenance, Protection. At the time of his death he was a member of the Planning Committee and of the Report Committee of the Conference on Children in a Democracy called by Secretary of Labor Perkins at the request of President Roosevelt.

Following the passage of the Social Security Act in 1935, Dr. Carstens was appointed a member of the Children's Bureau General Advisory Committee on Maternal and Child Welfare Services and (ex-officio) of the Advisory Committee on Community Child Welfare Services. He was most helpful to the Children's Bureau in developing plans for the administration of title V, part 3, of the act, which provided for services to children in rural areas. This provision of the Social Security Act was one method of pointing up the philosophy of services to children in local areas which he had enunciated in 1915, and which revolved around the child as an individual, his needs, and how they could best be met. His guidance and counsel contributed beyond measure to the development of the program of child-welfare services. His spirit and his influence will continue to serve the children to whose happiness and well-being his life was completely dedicated.

KATHERINE F. LENROOT.

NOTES

Sixth National Conference on Labor Legislation The Secretary of Labor has requested the Governors of the States to appoint official delegates to attend the Sixth National Conference on Labor Legislation, which is scheduled to meet in Washington, November 13, 14, and 15, 1939. As in previous years the conference will be devoted to discussing the status of State labor legislation and the problems of administration. This year the progress and plans for the utilization of State labor departments for inspection under the Fair Labor Standards Act of 1938 will also be discussed.

Responses already received from the Governors indicate a lively interest in the achievements of these conferences in the past and anticipate a fruitful discussion this year.

Training course for workers in the field of the physically handicapped. The National Society for Crippled Children of United States of America has announced a training course for workers in the field of the physically handicapped, September 8–16, 1939. The September 9 session will be held at the Rainbow Hospital for Crippled and Convalescent Children, Cleveland, and a demonstration of special classes for crippled children will be given in Canton, September 14. Most of the sessions will be in Elyria, Ohio, headquarters of the National Society for Crippled Children, the successor in the United States of America of the International Society for Crippled Children and affiliated with it. The registration fee for the course is $10.

(*Announcement from National Society for Crippled Children, Elyria, Ohio.*)

International Congress on Workers' Leisure Invitations to Governments to send delegates to the International Congress on Workers' Leisure in Liege, September 23–26, 1939, have been extended by His Majesty the King of the Belgians and the Belgian Minister of Foreign Affairs to Governments through their Embassies. Private national organizations interested in questions of workers' leisure-time activities have also been invited to attend.

The congress is under the patronage of the International Labor Office. Notice of the intention to attend the Congress should be sent to the Secretariat General du Congress International des Loisirs, Rue Darchis 33, Liege.

(*Correspondence with International Labor Organization, Washington Office.*)

Conference Calendar

Sept. 7–9	International Association of Governmental Labor Officials, Tulsa.
Sept. 11–15	American Congress on Obstetrics and Gynecology, Cleveland. Sponsored by American Committee on Maternal Welfare. Fred L. Adair, M. D., Chairman.
Oct. 9–13	National Recreation Association. Twenty-fourth national recreation congress, Boston.
Oct. 9–14	International Association for the Promotion of Child Welfare (Association Internationale pour la Protection de l'Enfance). Fourteenth session, Rome. Headquarters of the Association: Avenue de la Toison d'Or, 67, Brussels.
Oct. 16–20	National Safety Council. Twenty-eighth national safety congress, Atlantic City. Information: National Safety Council, 20 North Wacker Drive, Chicago.
Oct. 17–20	American Public Health Association. Sixty-eighth annual meeting, Pittsburgh.
Oct. 22–25	International Society for Crippled Children and National Society for Crippled Children. Annual meeting, Dallas.
Oct. 23–27	Conference of Executives of Schools for the Deaf. Eighteenth regular meeting, Washington, D. C., on invitation of Gallaudet College.
Oct. 23–29	Better Parenthood Week. Sponsored by *Parents' Magazine*, 9 East Fortieth St., New York.
Oct. 25–28	National Association for Nursery Education. Biennial conference, Hotel Pennsylvania, New York. Theme: Nursery education today and tomorrow. Secretary: Katherine E. Roberts, 71 East Ferry Ave., Detroit.
Oct. 26–28	National Society for the Prevention of Blindness. Annual conference, Astor Hotel, New York. Permanent headquarters: 50 West Fiftieth St., New York.
Nov. 5–11	American Education Week. Theme: Education for the American way of life. Folders, posters, leaflets from National Education Association, 1201 Sixteenth St. NW., Washington.
Nov. 16–18	American Academy of Pediatrics. Annual meeting, Netherland Plaza Hotel, Cincinnati. Permanent headquarters: 50 West Fiftieth St., New York.
Nov. 21–24	Southern Medical Association. Thirty-third annual meeting, Municipal Auditorium, Memphis. Permanent headquarters: Empire Building, Birmingham.
Dec. 4–8	American Farm Bureau Federation. Twentieth anniversary meeting, with agricultural educational exhibit, Stevens Hotel, Chicago.

U. S. GOVERNMENT PRINTING OFFICE: 1939

CHILDREN'S BUREAU

Katharine F. Lenroot, Chief

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UNITED STATES DEPARTMENT OF LABOR

Frances Perkins, Secretary

Published under authority of Public Resolution No. 57, approved May 11, 1922. (42 Stat. 541), as amended by section 307, Public Act 212, approved June 30, 1932 (47 Stat. 409). This publication approved by the Director, Bureau of the Budget, May 12, 1936

* 9331.3 A7

Social Statistics

Supplement Number 1, September 1939

to

THE CHILD—Monthly News Summary

Volume 4, Number 3

Published by the

CHILDREN'S BUREAU

U. S. DEPARTMENT OF LABOR

WASHINGTON, D. C.

U.S. GOVERNMENT DOCUMENT
DEC 1 1969

SOCIAL-STATISTICS SUPPLEMENT

NUMBER 1 SEPTEMBER 1939

TO

THE CHILD—MONTHLY NEWS SUMMARY VOLUME 4, NUMBER 3

COST AND VOLUME OF PUBLIC-HEALTH NURSING IN URBAN AREAS, 1938

I. EXPENDITURES FOR PUBLIC-HEALTH NURSING IN 29 URBAN AREAS, 1938

In a recent general study[1] of health and welfare costs in 29 urban areas having a total population of approximately 14,500,000 in 1930, an attempt was made to arrive at the cost of public-health nursing and school nursing. The urban areas in which this study was made by the Children's Bureau, with the cooperation of local community chests and councils, are all participating in the Bureau's project for the registration of social statistics.

The total cost of the public-health nursing, including school nursing, reported by these areas for 1938, amounted to $5,477,948, a cost of 38 cents per capita for the entire population of the 29 areas (1930 census figures). This amount included fees collected from patients and insured groups, also referred to as payments by beneficiaries. The per capita cost excluding costs met through payments by beneficiaries amounted to 33 cents. As defined for this study, costs of public-health-nursing service in clinics and health conferences under medical direction were not included in the nursing reports.[2]

Expenditures and Per Capita Costs by Area

The expenditures for public-health nursing including school nursing are shown by area in table 1. Per capita costs are given including and excluding beneficiary payments. The reported per capita costs with beneficiary payments ranged from 16 cents in Birmingham to 68 cents in Hartford; and without beneficiary payments, from 12 cents in Atlanta to 61 cents in Hartford.

Table 1.--Total and per capita expenditures for public-health nursing (including school nursing); 29 urban areas, 1938

Urban area	Total expenditures	Per capita expenditures	
		Inclusive of payments by beneficiaries	Exclusive of payments by beneficiaries
Total, 29 areas.......	$5,477,948	$0.38	$0.33
Atlanta..........	78,013	.20	.12
Baltimore.........	321,585	.40	.35
Birmingham........	70,576	.16	.14
Bridgeport........	103,897	.57	.47
Buffalo..........	351,022	.46	.40
Canton............	78,627	.35	.33
Cincinnati........	190,076	.32	.22
Cleveland.........	544,151	.45	.40
Columbus..........	106,618	.30	.23
Dallas............	66,535	.20	.20
Dayton............	83,776	.31	.27
Grand Rapids......	94,229	.39	.32
Hartford..........	156,944	.68	.61
Houston...........	106,041	.30	.29
Indianapolis......	134,839	.32	.27
Kansas City, Mo...	166,912	.42	.36
Los Angeles.......	674,551	.31	.30
Louisville........	106,124	.30	.26
Milwaukee.........	242,258	.33	.25
New Orleans.......	142,212	.29	.22
Providence........	124,329	.49	.40
Richmond..........	93,906	.51	.39
St. Louis.........	492,939	.48	.43
San Francisco.....	286,177	.45	.40
Springfield, Mass.	71,620	.41	.32
Syracuse..........	139,392	.63	.56
Washington, D. C..	356,082	.57	.49
Wichita...........	30,271	.22	.20
Wilkes-Barre......	64,246	.28	.21

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[1] The Community Welfare Picture in 29 Urban Areas, 1938. U. S. Children's Bureau, Washington, June 1939. 69 pp. Processed.

[2] In Community Health Organization, Ira V. Hiscock estimates that public-health nursing in urban areas, including all activities performed under medical direction, if provided on a fairly comprehensive scale, would cost approximately $0.94-$1.04 per capita. This includes costs met through fees, or payments by beneficiaries, which usually make up about 15 percent of the total expenditures. (Community Health Organization, p. 182. Commonwealth Fund, New York, 1939.)

Various points in regard to the accuracy and completeness of the data should be borne in mind in considering the reported expenditures and per capita costs. Allowance should be made for the technical difficulty encountered in obtaining the financial data. A fairly satisfactory report or estimate of the expenses for all large nursing agencies is believed to be included, but it is not unlikely that some small agencies may have been overlooked.[3] The amount of nursing service given in medical clinics and conferences and not included here varies from area to area. Since the costs of nursing service under medical direction were to be included in separate financial reports of medical clinics and conferences, it was necessary to prorate the expenditures of nursing agencies among these various services. This has been done only roughly. In some areas a substantial amount of nursing service may also have been given through health projects of the Federal works program. In the recent Children's Bureau study the expenditures of these projects were excluded from the health field.[4] Finally, allowance should be made for the use of 1930 population figures in computing per capita costs.

Source of Funds

Public sources accounted for more than three-fifths (62 percent) of the funds provided for nursing services (table 2, pp. 6-7). Almost all these public funds were provided by local government units. Private funds (contributions by community funds and individuals, and income from endowments) made up 25 percent of the total funds reported (23 percent, through contributions and 2 percent, through income from endowment). Payments by beneficiaries made up approximately 13 percent of the total; this compares rather closely with the 15 percent estimated by Hiscock as the amount generally expected to be provided from such sources.

The reported distribution of expenditures by source of funds varied considerably among the 29 urban areas (table 2). The proportion available from public funds varied from 96 percent in Los Angeles to 21 percent in Wilkes-Barre. Funds received from beneficiaries were of little importance in many of the areas but accounted for more than one-fifth of the funds in 8 areas. In Houston, less than one-half of 1 percent of the cost of visits made by public-health nurses during 1938 was met by beneficiaries. On the other hand, 43 percent of the expenditures in Atlanta were paid by persons to whom public-health-nursing services were provided. Funds from private contributions, such as the community chest and other financial federations, ranged from 2 percent of the total funds available in Wichita to 53 percent in Kansas City.

Auspices Under Which Funds Were Spent

Whereas only 25 percent of the funds supplied for public-health nursing came from private contributions and income from endowment, more than 40 percent of the expenditures were made under the auspices of private agencies. Most of this difference was accounted for by payments by beneficiaries; a little less than one-third of the funds for private agencies usually came from this source. Public agencies, on the other hand, received practically none of their funds in this way.

In all areas combined only 3 percent of the public funds were reported to have been expended under the auspices of private agencies, but in Dayton more than 75 percent of the public funds were spent in this way. Private agencies in 21 of the areas reported expending some public funds. Only two of the areas (Canton and St. Louis) reported that public agencies spent any private funds and in both instances the amount spent made up less than 4 percent of the private funds in these areas.

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[3] In Los Angeles no report was received from one private agency, a life-insurance company. On the basis of reports received from similar agencies in other areas, the omission of this report in Los Angeles is believed to result in a great understatement of the proportion of funds received from beneficiaries.

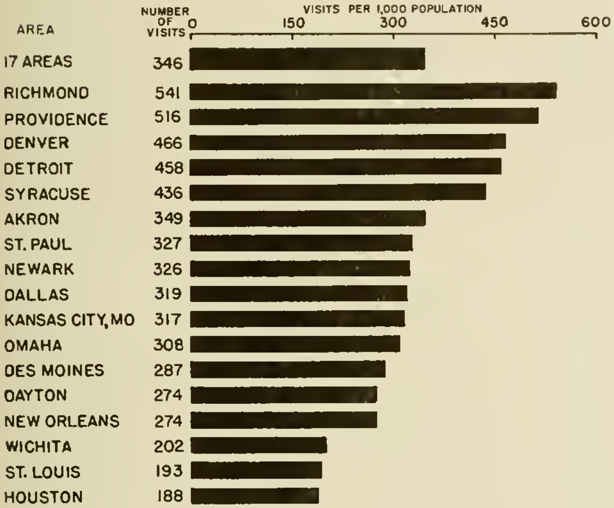
[4] Wages paid to project workers were included, however, with those of other Works Progress Administration workers in the family-welfare field.

II. NUMBER OF PUBLIC-HEALTH-NURSING VISITS IN 17 URBAN AREAS, 1938

Service data for 1938 are not available for all the 29 areas participating in the study of 1938 costs of health and welfare activities referred to. However, reports for agencies believed to provide at least 90 percent of the public-health-nursing visits in their respective areas are available for 17 of the 44 areas participating in the social-statistics project.[5] Ten of these 17 areas are included among those that submitted financial data for 1938.

Fig. I.- PUBLIC-HEALTH-NURSING VISITS PER 1,000 POPULATION

17 URBAN AREAS, 1938



Aside from the differences in areas covered, however, the distributions of expenditures and of visits are not directly comparable. The cost of visits reported would not account for all the expenditures. The visits reported do not include nursing visits to children made in the school building. Nor do they include visits for special activities or time used in nursing conferences when no individual service is rendered. Furthermore, nursing visits to cases not at home or not found and to persons not taken under care are excluded. As in the case of the expenditure data, however, the count of visits does not reflect nursing service given under medical direction in clinics or conferences.

The number of visits per 1,000 population gives a general indication of the relative intensity of the service in these 17 areas (figure 1). For 1938 this number ranged from 188 in Houston to 541 in Richmond and averaged 346 for all 17 areas reporting substantially complete data. Nine of the areas reported averages between 274 and 349. The necessity of using 1930 population figures in obtaining these ratios should be borne in mind.

Analysis of Visits by Type

The number of visits made by public and by private agencies is shown in figure 2. Public agencies accounted for 51 percent of the total visits reported, but the proportion varied widely among the areas. In 9 areas private agencies reported more than 70 percent of the visits, and in 3 areas public agencies reported an equally high percentage of all visits.

Fig.2.- PERCENTAGE OF PUBLIC-HEALTH-NURSING VISITS BY PUBLIC AND BY PRIVATE AGENCIES

17 URBAN AREAS, 1938

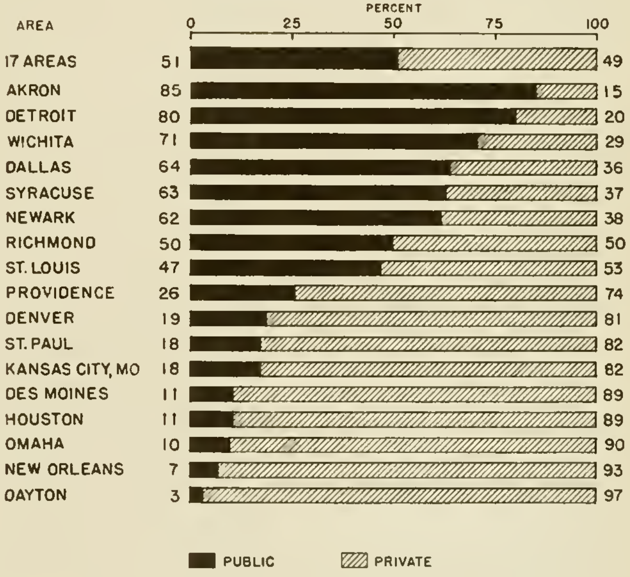


Table 3 (pp. 8-9) shows the number of public-health-nursing visits made by public and by private agencies and the percentages of all visits

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[5] A similar report on nursing visits in certain urban areas during 1936 was included in the *Social-Statistics Supplement* for September 1937. Substantially complete data for 1937 are available for certain of these areas and will be supplied by the Children's Bureau on request.

Table 2.--Percentage distribution of expenditures for public-health nursing, by source of funds; 29 urban areas, 1938

Urban area	Total expenditures	Percent distribution								
		Total	Public funds				Private contributions	Income from endowments	Payments by beneficiaries	All other
			Total	Federal	State	Local				
Total, 29 areas.....	$5,477,948	100	62	2	1	59	23	2	13	(a)
Public...........	3,266,097	100	100	3	1	96	(a)	......	(a)	(a)
Private...........	2,211,851	100	5	.....	(a)	5	58	4	32	1
Atlanta..................	78,013	100	48	.....	.....	48	9	(a)	43	......
Public................	38,295	100	88	.....	.....	88	....	......	12	......
Private...............	38,295	100	9	.....	.....	9	18	1	72	......
Baltimore................	321,585	100	64	.....	.....	64	21	3	12	(a)
Public................	204,332	100	100	.....	.....	100	....	......	....	......
Private...............	117,253	100	1	.....	.....	1	57	7	34	1
Birmingham...............	70,576	100	84	.....	2	82	4	......	12	......
Public................	59,163	100	100	.....	3	97	....	......	....	......
Private...............	11,413	100	....	.....	.....	.....	24	......	76	......
Bridgeport...............	103,897	100	43	.....	.....	43	39	1	17	(a)
Public................	39,940	100	100	.....	.....	100	....	......	....	......
Private...............	63,957	100	7	.....	.....	7	62	2	28	1
Buffalo..................	351,022	100	65	1	3	61	22	1	12	......
Public................	227,094	100	100	2	4	94	....	......	....	......
Private...............	123,928	100	1	.....	.....	1	60	4	35	......
Canton...................	78,627	100	48	6	2	40	44	(a)	8	......
Public................	38,459	100	97	13	2	82	3	......	....	......
Private...............	40,168	100	1	.....	1	.....	84	(a)	15	......
Cincinnati...............	190,076	100	40	1	(a)	39	29	(a)	31	(a)
Public................	75,852	100	100	3	(a)	97	....	......	....	......
Private...............	114,224	100	....	.....	.....	.....	49	(a)	51	(a)
Cleveland................	544,151	100	64	2	(a)	62	21	4	11	(a)
Public................	347,515	100	100	3	(a)	97	....	......	....	......
Private...............	196,636	100	(a)	.....	.....	(a)	58	11	31	(a)
Columbus.................	106,618	100	30	.....	.....	30	44	5	21	......
Public................	31,657	100	100	.....	.....	100	....	......	....	......
Private...............	74,961	100	(a)	.....	.....	(a)	62	8	30	......
Dallas...................	66,535	100	56	4	1	51	43	......	1	......
Public................	37,130	100	100	7	2	91	....	......	....	......
Private...............	29,405	100	....	.....	.....	.....	98	......	2	......
Dayton...................	83,776	100	57	1	.....	56	30	......	13	(a)
Public................	10,729	100	100	9	.....	91	....	......	....	......
Private...............	73,047	100	50	.....	.....	50	35	......	15	(a)
Grand Rapids.............	94,229	100	55	2	1	52	26	1	18	(a)
Public................	50,968	100	100	3	.....	97	....	......	....	......
Private...............	43,261	100	1	.....	1	.....	56	3	40	(a)
Hartford.................	156,944	100	37	.....	.....	37	44	8	11	(a)
Public................	55,804	100	100	.....	.....	100	....	......	....	......
Private...............	101,140	100	3	.....	.....	3	68	12	17	(a)
Houston..................	106,041	100	56	.....	8	48	44	(a)	(a)	......
Public................	54,731	100	100	.....	16	84	....	......	....	......
Private...............	51,310	100	9	.....	.....	9	90	(a)	1	......

Table 2.--Percentage distribution of expenditures for public-health nursing, by source of funds; 29 urban areas, 1938--Continued

Urban area	Total expenditures	Percent distribution								
		Total	Public funds				Private contributions	Income from endowments	Payments by beneficiaries	All other
			Total	Federal	State	Local				
Indianapolis	134,839	100	56	.....	.....	56	28	(a)	15	1
Public	75,126	100	100	.....	.....	100	....	......	....	......
Private	59,713	100	....	.....	.....	.....	64	(a)	33	3
Kansas City, Mo.	166,912	100	33	.....	.....	33	53	1	13	......
Public	55,569	100	100	.....	.....	100	....	......	....	......
Private	111,343	100	....	.....	.....	.....	79	1	20	......
Los Angeles	674,551	100	96	.....	.....	96	3	(a)	(a)	1
Public	649,645	100	100	.....	.....	100	....	......	....	(a)
Private	24,906	100	....	.....	.....	.....	69	(a)	17	14
Louisville	106,124	100	55	11	1	43	34	(a)	11	(a)
Public	57,834	100	100	20	1	79	....	......	....	......
Private	48,290	100	....	.....	.....	.....	74	(a)	25	1
Milwaukee	242,258	100	50	.....	.....	50	23	1	26	(a)
Public	110,117	100	100	.....	.....	100	....	......	....	......
Private	132,141	100	8	.....	.....	8	42	2	48	(a)
New Orleans	142,212	100	35	.....	.....	35	41	......	23	1
Public	46,927	100	100	.....	.....	100	....	......	....	......
Private	95,285	100	3	.....	.....	3	61	......	34	2
Providence	124,329	100	33	.....	.....	33	40	8	18	1
Public	21,243	100	100	.....	.....	100	....	......	....	......
Private	103,086	100	19	.....	.....	19	48	10	22	1
Richmond	93,906	100	48	.....	.....	48	25	2	25	......
Public	43,122	100	100	.....	.....	100	....	......	....	......
Private	50,784	100	4	.....	.....	4	46	4	46	......
St. Louis	492,939	100	75	3	.....	72	14	(a)	10	1
Public	373,589	100	99	4	.....	95	1	......	....	......
Private	119,350	100	....	.....	.....	.....	56	(a)	40	4
San Francisco	286,177	100	83	.....	3	80	5	1	11	(a)
Public	230,378	100	100	.....	1	99	....	......	....	......
Private	55,799	100	11	.....	11	.....	27	5	56	1
Springfield, Mass.	71,620	100	43	.....	3	40	36	(a)	21	......
Public	29,274	100	99	.....	.....	99	....	......	1	......
Private	42,346	100	4	.....	4	.....	61	(a)	35	......
Syracuse	139,392	100	73	.....	.....	73	14	3	10	......
Public	97,436	100	100	.....	.....	100	....	......	....	......
Private	41,956	100	9	.....	.....	9	45	12	34	......
Washington, D. C.	356,082	100	49	8	.....	41	36	2	13	(a)
Public	172,175	100	100	16	.....	84	....	......	....	......
Private	183,907	100	(a)	.....	.....	(a)	70	4	26	(a)
Wichita	30,271	100	89	8	4	77	2	......	9	......
Public	20,493	100	100	12	6	82	....	......	....	......
Private	9,778	100	65	.....	.....	65	5	......	30	......
Wilkes-Barre	64,246	100	21	.....	.....	21	52	2	25	......
Public	11,500	100	100	.....	.....	100	....	......	....	......
Private	52,746	100	4	.....	.....	4	63	3	30	......

[a] Less than one-half of 1 percent.

Table 3.--Visits of different types made by public-health-nursing agencies in 17 urban areas, 1938, and percentage change from 1936

Urban area	Number of agencies	Total visits 1938	Percent distribution 1938				Percent change from 1936				
			Health super-vision	Maternity	Communi-cable disease	Noncom-muni-cable disease	Total visits	Health super-vision	Maternity	Communi-cable disease	Noncom-muni-cable disease
Total, 17 areas.....	69	2,542,186	48	16	19	17					
Public...........	40	1,302,898	66	8	26	(a)			Incomplete report		
Private..........	29	1,239,288	28	24	13	35					
Total, 13 areas reporting 1936-38..	44	2,060,458	48	14	20	18	+13	+12	+18	+26	(b)
Public...........	24	1,061,772	67	8	25	(a)	+22	+16	+31	+42	-58
Private..........	20	998,686	27	22	14	37	+4	+3	+14	+4	+1
Akron...................	4	120,214	58	7	28	7					
Public.................	2	102,576	64	2	33	1			Incomplete report		
Private................	2	17,638	23	38	2	37					
Dallas..................	6	103,954	68	17	9	6	+27	+28	+68	+18	-23
Public.................	3	[c] 66,269	82	11	6	1	+34	+34	+83	+23	-69
Private................	3	37,685	45	26	14	15	+16	+12	+57	+14	-12
Dayton..................	2	74,907	43	22	16	19	+10	-10	+37	+29	+29
Public.................	1	2,555	100	....	....	....	+30	+30	....	....	....
Private................	1	72,352	41	22	17	20	+9	-12	+37	+29	+29
Denver..................	6	134,172	41	23	17	19					
Public.................	2	24,843	60	....	40	....			Incomplete report		
Private................	4	[d] 109,329	37	28	12	23					
Des Moines..............	3	49,623	30	15	10	45	-1	+2	+8	+56	-12
Public.................	2	5,337	100	....	....	....	+25	+25	....	....	....
Private................	1	44,286	21	17	11	51	-4	-8	+8	+56	-12
Detroit.................	3	864,763	53	13	28	6	+32	+30	+24	+47	+12
Public.................	1	692,465	61	8	31	....	+36	+31	+31	+49	....
Private................	2	172,298	23	34	14	29	+18	+18	+19	+28	+12
Houston.................	4	67,573	25	18	35	22	-6	-20	+144	-18	-13
Public.................	2	7,123	64	8	6	22	-22	-7	+106	+11	-57
Private................	2	60,450	21	19	38	22	-4	-24	+147	-18	-1
Kansas City, Mo.........	2	126,877	45	9	14	32	+1	+3	-14	+10	(b)
Public.................	1	22,417	100	....	....	....	-1	-1	....	....	....
Private................	1	104,460	33	12	17	38	+1	+5	-14	+10	(b)

Newark	4	144,295	58	11	3	28	-2	-8	+6	(b)	+6
Public	3	89,278	89	11	....	....	-7	-8	+2	....	....
Private	1	55,017	8	12	7	73	+7	+9	+13	(b)	+6
New Orleans	5	136,682	36	19	13	32	+1	+21	-1	+5	-14
Public	2	9,459	66	....	34	....	+13	+9	....	+22	....
Private	3	127,223	34	20	12	34	+1	+23	-1	+1	-14
Omaha	2	71,751	31	15	11	43	-4	-11	-1	-5	+1
Public	1	6,900	100	....	....	....	-29	-29	....	....	....
Private	1	64,851	23	17	13	47	(b)	(e)	-1	-5	+1
Providence	3	130,582	46	11	10	33	(b)	-2	+15	-19	+4
Public	2	33,368	99	....	....	1	+2	+2	....	....	+3
Private	1	97,214	27	15	14	44	-1	-6	+15	-19	+4
Richmond	3	98,878	45	21	19	15	+9	+2	+13	+46	-4
Public	2	49,117	70	6	24	....	+11	+1	+43	+44	....
Private	1	49,761	20	35	15	30	+8	+3	+8	+49	-4
St. Louis	11	199,828	46	28	12	14					
Public	9	c 94,112	64	15	21	(a)		Incomplete report			
Private	2	c 105,716	30	39	4	27					
St. Paul	4	93,730	30	15	15	40	+1	-1	+12	+21	-7
Public	2	16,766	40	....	60	....	+12	-9	....	+32	....
Private	2	76,964	28	19	5	48	-1	+2	+12	(e)	-7
Syracuse	3	96,843	48	13	20	19	-4	-11	-6	-9	+28
Public	2	60,718	66	5	29	....	-9	-13	+43	-5	....
Private	1	c 36,125	18	25	5	52	+5	+7	-15	-38	+28
Wichita	4	27,514	30	24	36	10					
Public	3	19,595	30	25	45	(a)		Incomplete report			
Private	1	7,919	30	24	13	33					

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[a] Less than one-half of 1 percent.
[b] Decrease less than one-half of 1 percent.
[c] Includes estimates.
[d] Includes 6,395 visits to cases not home and not found and to persons not taken under care.
[e] Increase less than one-half of 1 percent.

made for health supervision, for maternity service, for the care and control of communicable disease, and for the care of noncommunicable disease. Of the total visits for the areas specified, 48 percent were for health supervision, including service to infants, to preschool children, to school children (exclusive of service rendered in the school building), and to adults; 16 percent, for maternity service; 19 percent, for the control and care of communicable disease; and 17 percent, for the care of noncommunicable disease. The relative number of visits of the different types varied considerably from area to area[6] (figure 3).

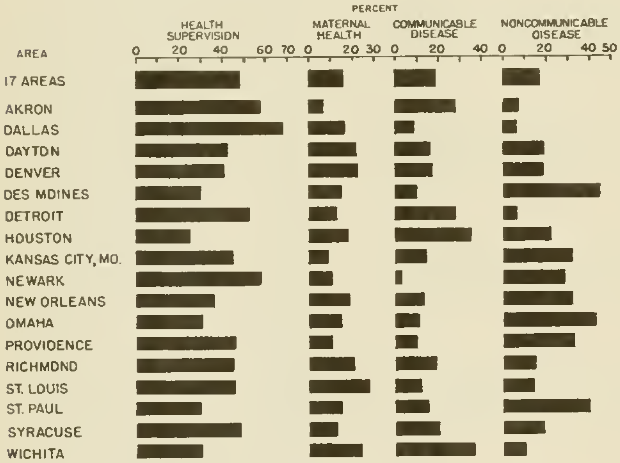
Fig. 3.- PERCENTAGE OF PUBLIC-HEALTH-NURSING VISITS OF DIFFERENT TYPES

17 URBAN AREAS, 1938

Public agencies reported two-thirds (66 percent) of their visits in one classification, health supervision, and less than one-half of 1 percent in noncommunicable-disease service. Private agencies showed less tendency to concentrate a large proportion of their visits in one particular service. The largest portion, 35 percent, was for noncommunicable-disease service.

Field Visits by School Nurses

Included in the health-supervision visits are field visits provided as part of organized school-health programs. Field visits reported under school-health programs constituted 17 percent of the health-supervision visits in these areas and amounted to more than 30 percent of the health-supervision visits in 7 of the areas. According to the appraisal form for local health work issued by the American Public Health Association,[7] 150 school-health field visits per 1,000 elementary school children is enough for adequate service during 1 year. Most of these areas seem to have provided more than this number. The rates on which this conclusion is drawn are based on school-population figures not believed to be directly comparable with the service reports, and consequently the rates are not presented here by area. However, the large rates of 200 to more than 500 visits per 1,000 school population reported by more than half of the areas would hardly be explained by such lack of comparability as might exist in the school-population figures.

Change in Number of Visits, 1936-38

Comparable data on number of public-health-nursing visits made during 1936 are available for 13 of the areas (table 3). Seven of these areas show an increase in public-health-nursing visits in 1938 and, largely because of the size of the program in Detroit, the 13 areas combined show a substantial increase (13 percent) between 1936 and 1938. Large increases were reported more frequently by public agencies than by private agencies.

From reports made by a small number of agencies that have reported each year since 1929, visits by public agencies appear to have continued a general upward movement since that time. Private agencies have shown on the whole little change in the number of visits reported during recent years.

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[6] Difference in interpretation of visits in various categories may account for some of the differences in the areas; for example, a visit to an infant 2 weeks of age may be classified in some areas as infant-health supervision and in other areas as maternity service. Again, in some areas pneumonia cases may be classified under communicable diseases, in others under noncommunicable.

[7] Appraisal Form for Local Health Work, pp. 136-137. American Public Health Association, New York, July 1938.

The SOCIAL-STATISTICS SUPPLEMENT is issued by the Children's Bureau four times a year, in connection with the Bureau's monthly publication, THE CHILD.

The purpose of the supplement is to make available for general use summaries of current social statistics related to child welfare, prepared by the Bureau's Division of Statistical Research. While material presented in the supplement will be based largely on reports forwarded by health and social agencies in connection with the Bureau's project for the registration of social statistics, closely related material from other sources will also appear from time to time.

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CHILDREN'S BUREAU
KATHARINE F. LENROOT, CHIEF

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UNITED STATES DEPARTMENT OF LABOR
FRANCES PERKINS
SECRETARY

Published under authority of Public Resolution No. 57, approved May 11, 1922 (42 Stat. 541), as amended by section 307 Public Act 212, approved June 30, 1932 (47 Stat. 409). This publication approved by the Director, Bureau of the Budget, May 12, 1936.

U. S. GOVERNMENT PRINTING OFFICE : 1939

THE CHILD

Monthly News Summary

ume 4, Number 4 October 1939

CHILDREN'S BUREAU
U.S. DEPARTMENT OF LABOR — WASHINGTON, D.C.

THE CHILD

MONTHLY NEWS SUMMARY

Volume 4, Number 4

October 1939

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For sale by Superintendent of Documents, Government Printing Office, Washington, D. C.
Subscription price $1 a year; postage additional outside the United States.

The photograph on the cover, showing a girl topping sugar beets, is used by courtesy of the FARM SECURITY ADMINISTRATION.

EMPLOYMENT PROBLEMS OF MINORS

Age Certificates for Young Workers Under the Sugar Act

By Ella Arvilla Merritt

Specialist in Child-Labor Legislation, U. S. Children's Bureau

The Sugar Act of 1937, which authorized conditional payments to producers of sugar beets and sugarcane, included among the conditions with which growers must comply in order to be eligible for these payments a prohibition of the employment of children under 14 and a maximum 8-hour day for children between 14 and 16 years. Growers' children working on their parents' farms are exempted from both these provisions.[1] In the spring of 1939 the Sugar Division of the Department of Agriculture and the Children's Bureau of the Department of Labor worked out a cooperative plan for making certificates of age available for children employed by sugar-beet growers to assist them in complying with the standards of the act. For the first year this program is limited to two States, Michigan and Ohio, but it is hoped that it may be applied next year to all sugar-beet and sugarcane production areas.

Children in the Sugar-Beet Industry

The employment of young children in industrialized agriculture has long been a matter of great concern to the Children's Bureau, and one of its early studies, made in 1920, dealt with children employed in the sugar-beet fields of Colorado and Michigan. The use of child labor in hand processes in sugar-beet culture has been for many years a characteristic feature of the industry, and both the unfavorable conditions of child labor in the beet fields, traceable to a large extent to the family-contract system, and the low earnings of the families are a serious child-welfare problem. However, the general attitude of the public toward employment of children on farms, based on the tradition that all farm work consists of healthful, out-of-door activities that are good for children, and the administrative difficulties of dealing with agricultural employment and with children working in a family group have made very difficult any progress in regulating child labor in industrialized agriculture. As recently as 1930 the White House conference report on child labor [2] pointed out that the most effective regulation of child employment in agriculture was through the extension and efficient enforcement of the compulsory school-attendance laws. This enforcement is often lax in rural communities, and these laws of course have no effect during the long summer vacation when much of the hand work on crops is done.

When the National Industrial Recovery Act was enacted in 1933, it was hoped that some improvement might be brought about for children working in industrialized agriculture, but the terms of that act were not interpreted to cover agriculture. However, when the sugar-stabilization agreement and general labor provisions for the beet-sugar manufacturing industry were before the Agricultural Adjustment Administration and the National Recovery Administration, the Children's Bureau, together with other agencies interested in the subject, pressed for the inclusion of provisions that would prohibit child labor; and in October 1933, when the President approved labor provisions of the NRA code for the beet-sugar manufacturers, he pointed out the fact that he had been advised by the NRA Administrator of the detrimental practices existing as to the employment of children in the sugar-beet fields, the methods of making payment of wages, and living conditions in general. In accordance with the Administrator's recommendation, the President then authorized the Secretary of Labor to appoint a committee to make a survey of labor conditions in the beet fields. This committee, which represented the Departments of Labor, Agriculture, and Justice, the Federal Emergency Relief Administration, and the National Recovery Administration, was directed to take immediate steps to formulate a plan for reorganization of labor policies in the beet fields on a reasonable and equitable basis.

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[1] That is, children in the immediate family of the legal owner of at least 40 percent of the crop at the time the work was performed.

[2] White House Conference on Child Health and Protection. Child Labor. Century Co., New York. 1932. Pp. 215-216.

THE JONES-COSTIGAN ACT

The Jones-Costigan Act, passed in 1934, made sugar beets and sugarcane basic commodities under the Agricultural Adjustment Act and gave the Secretary of Agriculture power to prescribe child-labor conditions and fix minimum-wage standards for workers as a prerequisite to the payment of benefits to producers of these crops. This act followed to a considerable extent the recommendations of the committee's report. It offered the first opportunity for bettering labor conditions and made possible the establishment of improved labor standards for production of sugar beets and sugarcane. Under the production-control contracts entered into by the Government with sugar-beet growers for the 1935 season it was provided that no child under 14 years of age should be employed and that children between 14 and 16 years should not be permitted to work longer than 8 hours a day, growers' children on their parents' farms being exempted from these provisions.

CHILDREN'S BUREAU STUDY IN 1935

After consultation with the Sugar Section and the Labor Relations Section of the Agricultural Adjustment Administration the Children's Bureau in 1935 made a study of conditions affecting child welfare in beet-producing areas in six States—Colorado, Nebraska, Wyoming, Montana, Michigan, and Minnesota—where the hand work in the fields is customarily done by hired family labor. Although this survey showed that the child-labor restrictions in the production-control contracts were by no means entirely effective, the improvement found in child-labor conditions was encouraging and indicated the eventual possibility, given an adequate system of administration, of eliminating the employment of children under 14 and of regulating the hours and conditions of work of older children. It was found, however, that certain administrative developments, such as provision for age certificates for all children permitted to work and further cooperation among growers, sugar companies, parents, and school authorities, would be necessary to make any such program fully effective.

After the Agricultural Adjustment Administration production-control contracts were declared unconstitutional in 1935, there was no further opportunity for Federal action in this field until the enactment of the Sugar Act of 1937, which contained practically the same child-labor standards as those incorporated in the production-control contracts under the Jones-Costigan Act.

PROGRAM FOR CERTIFICATES OF AGE

Since the lack of compliance with the child-labor provisions of the earlier Agricultural Adjustment Administration contracts, while attributable to a number of causes, was largely due to the fact that no definite plan for requiring reliable proof of age for children working in the beet fields had been developed, the Secretary of Labor recommended to the Secretary of Agriculture in 1937 that certificates of age be provided for in connection with benefit payments under the new act as an administrative method of checking compliance with the child-labor provisions and offered the service of the Children's Bureau in any cooperative plan that might be worked out. Little progress was made at that time. During the 1938 crop season reliance for enforcing the child-labor provisions was placed on informing sugar-beet growers of the provisions of the act and issuing regulations for investigation of any reported cases of child labor. But in the spring of 1939 a program for making certificates of age available for children employed by beet growers was worked out and is now fully under way in the two selected States, Michigan and Ohio.

Under this program, the Children's Bureau has accepted responsibility for developing the cooperation of State and local officials in charge of certificate issuance; and the Sugar Division of the Department of Agriculture has assumed responsibility for familiarizing State and county committees administering the Sugar Act with the program and for encouraging sugar-beet growers to obtain certificates for children in their employ.

The first step taken by the Children's Bureau was to confer with the Michigan Department of Public Instruction and the Ohio State Department of Education. Plans and procedures were discussed and tentative instructions for issuance of certificates drawn up. Contacts were also made with the State labor departments to obtain their cooperation. Every effort was made to reach and inform children in the Michigan and Ohio cities from which considerable migration to the beet fields had taken place in previous years. To prevent issuing officers in rural districts from being overwhelmed by the work involved in issuing certificates to large numbers of children who had not been warned in advance to bring evidence of age, plans were made with the city issuing officers to issue certificates before the children left the city to those intending to work in the beet fields.

In all counties in Michigan and Ohio where sugar beets are grown, school authorities were asked to cooperate in the program. In some cases the county superintendents of schools assumed responsibility for the entire county. In others all local issuing officers were also visited by representatives of the Children's Bureau. The acceptance of responsibility on the part of issuing officers was most gratifying.

The United States Department of Agriculture sent information regarding the plan for issuing certificates, including the names of county and local school officials who had agreed to cooperate, to the chairmen of the State Agricultural Conservation Committees in Ohio and Michigan with a letter regarding the availability of age certificates and the desirability of using them. This letter pointed out that the service would be of assistance to producers in demonstrating compliance with the child-labor standards of the Sugar Act of 1937. The State committee in turn distributed this explanation and the lists of issuing officers to the county agricultural committees in the counties affected, and the county committee members explained the program to the growers.

The State forms for employment certificates are used in Ohio; in Michigan both State certificate forms and a special form for proof of age for sugar-beet workers are used.

The issuance procedure follows in general that set up under the Fair Labor Standards Act of 1938, the certificates being issued in triplicate and one copy being sent to the grower. The evidence of age required is substantially the same as that required under the Fair Labor Standards Act regulations.

It was considered especially important that the program should be extended to children of migratory families, even though they may not always be able to present satisfactory evidence of age. If no reliable proof can be found, certificates must be refused, but as the parents now realize the need, it is believed that they will bring proper evidence with them another year.

Future of the Program

This program has created new interest both in the employment of children in industrialized agriculture and in certificate-issuing procedures in the two States where it has been carried out. It is hoped next year, if the benefit provisions of the Sugar Act are continued, to extend the program to other sugar-beet areas and to sugarcane areas throughout the country. In order to obtain information on the effectiveness of the program suggestions as to its working out on the basis of this year's experience will be requested from issuing officers and county agricultural committees at the end of the sugar-beet season.

Iowa Forty-Third State Designated

On August 21, 1939, Iowa was designated by the Chief of the Children's Bureau as a State in which State age, employment, or working certificates or permits shall have the same force and effect as Federal certificates of age under the Fair Labor Standards Act of 1938. Forty-three States and the District of Columbia are now so designated. Louisiana and Texas are operating under Temporary Regulation No. 1–D, providing for the acceptance of birth or baptismal certificates as proof of age.

Reading Notes

Publications by State offices of National Youth Administration

From the National Youth Administration of Georgia the Occupational Outlook for Georgia Youth Series (Atlanta, 1939; processed) has been received. This series of occupational studies covers five representative Georgia cities: 1, Savannah (167 pp.); 2 and 3, Columbus and Albany (250 pp.); 4, Griffin (80 pp.); and 5, Atlanta (271 pp.). The studies are designed to serve the immediate needs of youth and of vocational workers in Georgia and to further coordination between education and business. Interpretative charts showing business and industrial trends in each of the cities are given, and each study summarizes local employment opportunities. The Atlanta study contains a chapter on occupations for Negroes.

The first occupational study issued by the National Youth Administration of North Carolina is on the Tobacco Manufacturing Industry in North Carolina (by Ben F. Lemert, Ph. D., Raleigh, 1939, 107 pp.; mimeographed). It is stated in conclusion that the industry "is stable, is producing a product that is likely to remain in great demand for many years, and is an industry that has been maintaining a healthy rate of expansion. The wages of the workers are attractive, their hours are not long, and their working conditions as good as it is possible to make them."

Rural relief problems surveyed by Works Progress Administration

The Division of Social Research of the Works Progress Administration has issued several reports on farming and relief problems of rural families. These include the following:

Changing Aspects of Rural Relief, by A. R. Mangus. Research Monograph 14, Washington, 1938. 238 pp. This report contains the complete results of the rural-relief censuses taken in 1935.

Farming Hazards in the Drought Area, by R. S. Kifer and H. L. Stewart, of the Bureau of Agricultural Economics. Research Monograph 16, Washington, 1938. 219 pp. An analysis of the natural and economic factors that have determined the relief needs of farm families in 13 selected areas of the Great Plains is contained in this report, which is illustrated with photographs taken for the Resettlement Administration and the Works Progress Administration. The farm operations of nearly 1,000 farmers and the effect on them of drought conditions were studied.

Rural Families on Relief, by Carle C. Zimmerman and Nathan L. Whetten. Research Monograph 17, Washington, 1938. 161 pp. The social characteristics of rural families receiving assistance under the general relief program are the subject of this report, which is illustrated with photographs taken by various agencies.

Migrant Families, by John N. Webb and Malcolm Brown. Research Monograph 18, Washington, 1938. 192 pp. The principal purpose of this report is to make available information about the migrant families under Federal transient relief in September 1935. Nearly one-third of the members of the families, other than the economic heads of the families, were children under 5 years of age and more than one-half were children from 5 to 14.

Rural Migration in the United States, by C. E. Lively and Conrad Taeuber. Research Monograph 19, Washington, 1939. 192 pp. This monograph, illustrated by charts, maps, and photographs, presents the general trends of migration for the rural population of the United States before 1930 and movements of the farm population since 1930, supplemented by more intensive studies carried on in selected areas of eight States during 1935 and 1936. In a final chapter on Social Significance of Rural Migration it is pointed out that "large-scale migration offers no panacea for meeting relief needs," and that in general a combination of directed migration and improvement of basic social and economic conditions within over-populated areas seems to offer the soundest approach to solving the long-time problems of widespread rural destitution.

BOOK NOTES

Pick for Your Supper; a study of child labor among migrants on the Pacific Coast, by James E. Sidel. Publication No. 378, National Child Labor Committee, New York. 1939. 67 pp. 35 cents.

The findings of a study of migratory workers in three West Coast States—California, Oregon, and Washington—are presented in this bulletin supplemented by material from recent studies and reports by various public and private agencies. In the last section are discussed attempts to meet the problem by State departments and by the Farm Security Administration and other Federal agencies.

The recommendations include proposals for four fundamental improvements in the status of children of migrant families: (1) Full educational opportunities; (2) a 14-year minimum age for employment in fields or cutting sheds, a 16-year minimum age during school hours; (3) normal homes in a settled community so located that the working members of the family could help to harvest crops in a limited area without leaving home for more than a few weeks at a time; (4) a concerted drive to meet children's health needs—medical and dental care, adequate nutrition, instruction in personal hygiene and public health.

It is emphasized that the problems of the children cannot be isolated from those of the migratory family as a unit, and that if actual hardship to the family is not to result from prohibiting the labor of children, adult workers must be paid a wage that will give an adequate family income and must be provided with a job-finding service.

Child-Labor Legislation in the Southern Textile States, by Elizabeth H. Davidson. University of North Carolina Press, Chapel Hill, N. C. 1939. 302 pp. Edition limited to 500 copies; price, $4.

The problems presented by child labor in southern textile mills and the long and dramatic struggle for protective legislation in four States—North Carolina, South Carolina, Georgia, and Alabama—are carried by Miss Davidson from the beginning of rapid expansion in the southern textile industry about 1880, through the period of the National Recovery Administration. Alabama was the first of these States to enact, in 1887, a child-labor law (which provided a maximum 8-hour day for children under 14 in textile mills and prohibited the employment of children under 15 in coal or iron mines) only to repeal it in 1894.

Each State is treated separately for the early part of the period, up to 1903, when the problem of child-labor legislation began to be recognized as one of national scope. A chapter is then given to the formation of the National Child Labor Committee and the first 8 years of its work, before the history of child-labor legislation in each of the four States is continued. Three concluding chapters deal with child-labor legislation in some other southern States, the South and Federal child-labor legislation, and the outcome of reform. As no mention is made of the Fair Labor Standards Act of 1938, the book evidently went to press before its passage.

The Apprentice and the School. Bulletin No. 27, Federal Committee on Apprenticeship, Division of Labor Standards, U. S. Department of Labor, Washington, 1939. 12 pp.

This brief statement, explaining the apprenticeship program and indicating the functions of State and Federal vocational-education and labor departments in carrying on the program, was prepared jointly by the United States Office of Education and the Federal Committee on Apprenticeship of the United States Department of Labor.

Regulations for Employment of Apprentices and Learners. Revised January 1, 1939. Panama Canal, Executive Office. 69 pp.

These apprenticeship regulations, which apply to skilled crafts and other occupations and positions, including clerical positions, for the Panama Canal and the Panama Railroad Co., cover citizenship, age, physical fitness, educational fitness, aptitude tests, previous experience, register of applicants, appointment of apprentices and learners, apprentice-learner agreements, and number of apprentices and learners.

BIRTH, GROWTH, AND HEALTH

Maternal and Neonatal Care in Wasco County, Oreg.

By H. M. Erickson, M. D.

Medical Director, Wasco (Oreg.) County Health Unit

Although there is similarity among the programs in various areas, maternal and neonatal plans must be developed according to the problems and needs of a community. From Portland it is a 2-hour drive eastward to Wasco County, which lies on the Columbia River. Wasco County has a population of about 12,000 in an area of 2,343 square miles—slightly more than 5 persons per square mile. Except for a few Indians at Celilo and on the reservation, who comprise less than 5 percent of the population, practically all the residents are white. Agriculture is the leading occupation of the area. The Dalles, the county seat and medical center of Wasco County, is a city of 6,500 persons.[1]

The health unit was first established in April 1937 with the aid of Federal funds. There were then no doctors practicing in the county except in The Dalles, which is more than 2 hours by automobile from the most distant areas of the county and which had two hospitals, privately owned. Many persons from other counties come to the physicians and hospitals in The Dalles, but all figures discussed here are for Wasco County residents only.

In Wasco County during the 5-year period, 1932–36, 777 live births were registered as occurring to resident mothers. The maternal mortality rate for the period was 7.7 per 1,000 live births. The neonatal mortality rate (deaths during the first month of life per 1,000 live births) was 30, and the infant mortality rate (deaths during the first year of life per 1,000 live births) was 57. A survey that covered several square miles in a completely rural section of the county showed that one-fourth of the children under 6 years of age had not had their birth registered.

Several factors operated to bring about high mortality rates. The chief one, I believe, was lack of understanding among the people as to the need for medical care early in pregnancy. Other factors were remoteness from the medical center and lack of facilities for care of the so-called border-line case—the family that is not on relief but cannot make expenditures for anything but the basic necessities of food, shelter, and clothes.

Realizing that a satisfactory program offering adequate preventive medical care to every mother and child regardless of economic status must have the cooperation of the local and State health departments, local physicians, dentists, public-welfare agencies, clubs, and the general public, the State maternal and child-health director and the county medical director held a series of conferences with these groups. A detailed plan to provide adequate medical care, nursing service, and educational facilities was developed with the local medical society and the essential features were later approved by the State medical society.

Adequate medical care and adequate nursing care were defined. The responsibility of the private physicians in the program was discussed. Other details of the plan now functioning follow.

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[1] In 1930 the population of Wasco County was 12,646 and of The Dalles, 5,883, according to United States census figures.—*Ed.*

Medical conferences are conducted by the health officer monthly in various centers throughout the county. Mothers attend these conferences on referral by the private physician. A mother is allowed to make one visit without referral. At the discretion of the health officer, a thorough physical examination is given, including pelvimetry, obtaining blood for "Kahn and Kline testing" before the fifth month of pregnancy, and for tuberculin testing, especially of all primiparas, depending on the ability of the patient to visit the private physician early.

Infants who live in the rural sections of the county are seen without referral. In The Dalles referral by a private physician is required. Reports on all significant findings are made to the physician.

All maternity patients are directed to visit their dentists at least twice before and once after delivery. A plan for better referral and better recording of visits is now being worked out with the dentists.

Nursing service during antepartum, delivery, and postpartum periods is available to all mothers at the request of the physician. Antepartum nursing visits are made at least monthly and oftener if necessary. Clothing, diet, preparation for delivery and for care of the baby, and other subjects of interest to the mother are discussed. Taking of blood pressure and analysis of urine for albumin and sugar are included. Postpartum visits are made daily the first week and then twice a week for three weeks where such visits are practicable. Weighing of the infant, demonstration as to bathing, inspection, and assistance in planning good care are given. Reports of all visits are made to the physician.

Mothers' classes have been established. Suitable films are shown and adequate prenatal care, diet, clothing, and preparation for and care of the baby are discussed. Four series of seven classes are held annually.

An incubator for premature infants has been constructed and is available for use in the home.

In establishing this program a staff of one full-time health officer, three public-health nurses, a sanitarian, and an office secretary was available. In September 1938 it was necessary to add a fourth public-health nurse to the staff. Through newspaper publicity and talks the program was outlined to the public. Stress was placed on the fact that service was available to all classes of people.

A local organization such as a mothers' club or women's club sponsors the conferences in each community. Responsiblity has been delegated to the sponsoring organization for referring and notifying women, assisting with registration and recording, preparing supplies, and, in some instances, transporting patients.

Conference locations have been carefully selected, utilizing a school, the city hall, or other suitable clinic space. Portable equipment has been utilized to conduct conferences in a manner similar to that of the private physician's office.

Better care of the low-income group has been brought about by appointment of a full-time county physician and by construction of a county hospital with a separate maternity unit.

Education has been carried on through newspapers, talks, and literature. A small lending library of suitable books has been established through the help of local clubs.

In 1938, 184 resident births were registered. This is the highest number of births registered in any year of the period. I believe that this large number is due not to an actual increase in births but to better reporting of them and that every birth in the county in 1938 was known to the department and registered. One hundred and eighty-three (99 percent) of the mothers were delivered by physicians. One hundred and sixty (87 percent) were delivered in hospitals. Twenty-four (13 percent) were delivered in their homes. Of these 184 women 21 were referred to the unit by lay persons; staff nurses referred them to the physicians who gave them medical care.

Antepartum or postpartum nursing service was provided to 104 (57 percent) of the 184 mothers. Fifty-nine of the mothers (32 percent) received both antepartum and postpartum nursing service; 40 mothers (22 percent) received antepartum service only and 5 mothers, postpartum service only. The nurses made

359 field visits to antepartum cases (an average of 3.6 visits per case visited). In addition, 94 office visits were made by the women. Nurses made 227 postpartum visits to the 64 women who received postpartum care (an average of 3.5 visits per case).

Thirty-one mothers were enrolled in classes and made 123 visits to the classes. Nine mothers attended medical conferences.

Of the 24 mothers who were delivered at home 14 had graduate nurses at the delivery (either a staff nurse or the physician's private nurse) and 21 had antepartum or postpartum nursing service or both.

This series of cases is too small to permit final conclusions, but during the period of 28 months after the unit began to function (April 1, 1937, to August 1, 1939) there were 372 live births, 1 maternal death, and 16 infant deaths, of which 12 occurred in the neonatal period.

In conclusion I might say we have had an excellent response on the part of the physicians and the public. Improved knowledge as to need for medical care in the county and adequate provision for preventive medical and nursing service is resulting in healthier mothers and infants, and in a decreasing likelihood of mortality.

Distance Can't Be Measured by Miles

We drove along the highway in a rural county of North Carolina, turned off on a rocky dirt road skirting a mountain stream, turned off that on a road seldom if ever used by automobiles, turned off that to a cowpath which ran into a barnyard, dodged the cow, a stubborn colt, and some chickens, and avoided catastrophe when four little boys circled the car to see what caused the commotion in the usually quiet outdoors. Then the country doctor jumped out of the car and in the door of a two-room cabin to see his patient, whom he had delivered of a fine baby girl that morning at 3 o'clock.

A pleasant, happy-looking woman lay on a clean bed with ragged, patchwork covers. She fanned the new baby and said, "We got to do somethin' keep the flies off this baby!" The room was clean but entirely bare of furniture except for two double beds. The other room had a cook stove, a home-made table, and a few chairs. There were not enough chairs for the family of children.

"How did they reach you when she needed you?" I asked the doctor. "Oh," said he, "her husband walked 2 miles to his nearest neighbor. This neighbor had a mule. He rode to the next neighbor, who had a Ford. He jumped in the Ford and came to town."—E. M. W.

Lead-Free Painted Toys for Children

A campaign to prevent lead-poisoning among children, caused by the use of lead paints on toys and cribs, has been undertaken by the Pennsylvania Department of Labor and Industry as an outgrowth of its program for occupational-disease prevention.

Safe practice in the manufacture of painted toys is described in Lead-Free Painted Toys (Safe Practice Bulletin No. 14, Department of Labor and Industry, Harrisburg, Pa., 1939, 10 pp., mimeographed). A test is given by which the presence of 0.1 percent of lead in paint can be detected.

It is pointed out, however, that there is need for an investigation by the medical profession to determine a standard for lead content in paint used on toys, children's furniture, and so forth, that will adequately protect the health of the child.

Corrected Reprints of Article by Dr. Amos Christie Available

Reprints of the article entitled, "Objectives and Techniques for Conducting Child-Health Conferences," by Amos Christie, M. D., will soon be available and will be sent on request to anyone who receives The Child. The transposition of paragraphs that occurred in this article as printed in The Child for September 1939 has been corrected in the reprints.

SOCIAL WELFARE OF CHILDREN

The Advisory Committee on Social Questions of the League of Nations

By Elsa Castendyck

Director, Delinquency Division, U. S. Children's Bureau

The Advisory Committee on Social Questions of the League of Nations held its third meeting in Geneva from June 19 to July 1, 1939.[1] The Committee has continued its work of advising the Council of the League in matters within the fields of child welfare and of traffic in women and children, a responsibility assumed in 1937 when the two committees covering these fields were merged.

In spite of uncertainty occasioned by the curtailed work of the League and the tense international situation, 20 of the 25 nations invited since the formation of the Committee to participate in its work were represented at this meeting. Delegates from Greece and Lithuania were present for the first time, joining representatives of Argentina, Belgium, Canada, China, Denmark, France, Hungary, India, Ireland, Mexico, the Netherlands, Poland, Rumania, Switzerland, United Kingdom, Uruguay, Yugoslavia, and the United States, all earlier members of the Committee. Italy, Japan, Spain, Turkey, and Chile were not represented.

The United States was represented for the second time by Elsa Castendyck in the absence of the regular member, Katharine F. Lenroot, who was unable to be present. In addition to the delegates of the various nations, three experts nominated by the Committee to advise in the fields of their respective specialties were also present. Judge Inge Debes, of Oslo, chairman of the Norwegian Council on Social Legislation, advised on the social aspects of illegitimacy. S. Cohen, of the Jewish Association for the Protection of Girls, Women, and Children, advised on the rehabilitation of adult prostitutes and the prevention of prostitution; and Dr. T. Kemp, director of the University Institute for Human Genetics, of Copenhagen, Denmark, again assisted the Committee in the discussion of the prevention of prostitution. Representatives of the International Labor Office and of the Health Organization attended the sessions and reported on the work of their organizations in relation to the activities of the Advisory Committee on Social Questions.

M. H. de Bie, representative of the Netherlands, who was vice chairman at the 1938 session, was elected chairman of the Committee, replacing Dr. Estrid Hein, of Denmark. Miss Castendyck, the delegate of the United States, was elected vice chairman, and Mrs. K. Bose, the delegate of India, was elected rapporteur for the framing of the report of the Committee's activities.

The 1939 meeting of the Committee was of unusual interest to many of the members because of the necessity of considering the reorganization of the technical work of the League of Nations. Budgetary considerations made imperative the reduction of expense. The proposal that the Social Questions and Health Sections of the League be placed under one director had been given consideration by a mixed committee, of which the United States was a member, preceding the meeting of the Advisory Committee. The resignation of Dr. Eric Einar Ekstrand became effective immediately following the meeting of the Committee and was the occasion of great regret. Dr. Ekstrand has served as Director of the Social Questions Section and the Opium Section of the League for about 9 years, following a long career in public service.

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[1] The reports of the first and second meetings are given in The Child, September 1937, pp. 51-53, and July 1938, pp. 3-5.

The League of Nations maintains as a portion of the work of the Social Questions Section an Information Center. This has a twofold task: (1) The collection of information on various questions relating to child welfare, particularly those which have appeared on the Committee's program; and (2) the dissemination of this information to Committee members and member States. These data are supplied chiefly by Governments and are supplemented by information available in printed documents. This information includes reports on legislative and administrative progress recorded during the preceding 12 months. Reports were received from 30 countries. Since the 1938 session of the Advisory Committee the Information Center has undertaken the establishment of a card index of legal regulations of child welfare, which contains the title of the various measures, the date, particulars of promulgation of the act, and a brief summary of the subjects. As the data include reference to old and modern laws, progress of public opinion in the field of child welfare is readily reflected.

Discussion within the Committee indicated that in spite of extraordinarily difficult situations China had witnessed considerable advance in child welfare. Dr. Hoo Chi Tsai supplemented the report with a detailed account of the valiant efforts of the Chinese to preserve childhood and youth. The grave problems of relief and assistance occasioned by unprecedented migration of civilians have challenged public authorities and private organizations, but the traditions of China regarding the care of children and respect for elders are being observed even in the midst of the most painful circumstances.

The report of the liaison officer of the International Labor Office showed how certain countries have endeavored to mitigate the results of economic crises so far as they affect the lives of young people. Some countries have extended the age limit for compulsory school attendance and at the same time have increased facilities for technical or professional training either in schools or in cooperation with industries. Stress was laid on the need of social authorities being watchful that children do not enter "blind-alley" jobs, thus limiting their earning power later on. The conventions adopted by the International Labor Office for raising the minimum age for the admission of young persons to employment were having the effect of forcing public authorities to provide better vocational training.

The liaison officer with the Health Organization reported on the surveys on medical-social policy, sanitation, housing, and nutrition, in preparation for a European conference on rural life to be held in Geneva in October. In addition to the Health Organization, other technical bodies of the League, the International Labor Office, the International Institute of Agriculture, and the International Institute of Intellectual Cooperation were engaged in extensive preparations for this conference.[2]

The Social Questions Section has under way studies on various subjects: The training of persons engaged in social work; children of illegitimate birth; principles adopted in the administration and organization of welfare work among the young; the rehabilitation of adult prostitutes; measures of prevention of prostitution, especially with regard to minors; traffic in women and children; and family desertion.

In the absence of S. W. Harris, of the United Kingdom, who was serving as rapporteur for the study on the training of persons engaged in social work, the Committee considered a progress report and a plan of work for the future. Requests for information have been sent to the countries included in the study and it was hoped that information would be available for consideration at the 1940 meeting of the Committee. In connection with this study the Committee discussed the close relationship of social-service activities to the health field and recognized the need for collaboration between the health and welfare activities of the League.

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[2] Recent developments in Europe have resulted in the indefinite postponement of this meeting.

The problems relating to illegitimacy have occupied the attention of the Committee for several years. The 1938 session dealt with the legal position of the child of illegitimate birth, and the 1939 session considered reports from various countries regarding the social position of the illegitimate child. Judge Debes, of Oslo, acting as expert, stressed the fact that improved housing, general living and working conditions, and a higher standard of education are paramount in any country in efforts to reduce illegitimacy. The fact that large numbers of unmarried mothers have been engaged in domestic service evoked considerable discussion. The Committee recognized that it is impossible to lift employment out of the total problem, and that a variety of social factors are involved. The study is continuing, and the conclusions and recommendations will be to the submitted various members of the Advisory Committee preceding the next session, at which time it is expected they will be accepted for publication.

The study of family desertion was undertaken following the 1938 session, His Excellency, M. V. V. Pella, of Rumania, acting as rapporteur. This question has received little attention from students of international law and the documentation submitted to the Advisory Committee constitutes a new contribution to the knowledge in this field. It was apparent that there are no unified concepts of the effect of family desertion, the sanctions imposed against it, or the measures taken to prevent its existence. An international agreement for the common treatment of this offense would involve many questions, including the recognition in different countries of the same definition in order that extradition might be employed. The report concluded with a recommendation that an international convention be adopted. However, owing to the existence of certain unilateral and bilateral treaties covering this subject, it was agreed that further exploration was needed before a convention could be agreed upon. A subcommittee was appointed to continue to examine the salient points involved and to make recommendations regarding further action.

During the past several years the Social Questions Section has published the first two volumes of the study of prostitution: Prostitutes: Their Early Lives [3] and Social Services and Venereal Disease.[4] The third and last volume, Methods of Rehabilitation,[5] will be made available in permanent form following the meeting. The Committee noted with satisfaction the fact that the two earlier volumes have achieved wide distribution. In discussion of the measures of the prevention of prostitution, especially with regard to minors, two experts—Dr. Cavaillon, Technical Inspector-General of the Ministry of Health of France, and Dr. T. Kemp—reported on progress of work to date. Their work provided the basis of interesting discussions of the value of mental-hygiene services in the treatment of prostitutes and of measures for the protection of young women in immediate danger of becoming prostitutes. Several practical suggestions were advanced. These and other conclusions and recommendations formulated in the light of the discussion at the meeting will form the final chapter of the third volume now in preparation.

Since the reorganization of the advisory committee in 1937 all questions relating to traffic in women and children and obscene publications have been referred to a standing committee consisting of representatives of Argentina, China, France, Netherlands, Mexico, Poland, and the United Kingdom. The 1939 session noted with much satisfaction that the information made available to the League during the past year had increased both as to the number of countries collaborating and the type of information made available. The report of the Committee indicated continued progress in international legislation relating to traffic in women and children and obscene publications. The full text of the ratifications of the several international conventions will be included in an annex to the printed edition of the Committee's report.

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[3] Document C. 218.M.120.1938.IV.

[4] Document C. 6.M.5.1938.IV.

[5] Document C.83.M.43.1939.V. Proof.

At the request of the Chinese delegate the Committee took under consideration a study of *mui tsai*. The practice of placing little girls in families, known as *mui tsai*, is common in certain parts of the Orient. In the opinion of the Chinese delegate and other members of the Committee this cannot be regarded as a form of slavery as the girls are frequently received and cared for by the foster parents on much the same basis as an adopted child, the foster parents providing the girl with maintenance and education and arranging for her marriage. Because of the abuses that have been found to exist, it was agreed that the subject should be included on the agenda of the 1940 meeting and that the Secretary would prepare a guide to the extensive documentation and other data which are now available on this subject.

The Committee learned with sorrow of the death of two of its former members: Avril de Sainte-Croix, of France, and Grace Abbott, of the United States. Mlle. de Sainte-Croix had been especially active in regard to the protection of women and children, particularly in relation to prostitution. She was for many years closely associated with the work of the League in this field. News of Miss Abbott's death was received during the meeting of the Committee, of which she was a member during her association with the United States Children's Bureau. The Committee passed resolutions of appreciation of her services both in the field of child welfare and in the work of the International Labor Office.

Pan American Child Congress Postponed

Notice has been received from the Secretary of State of Costa Rica of the postponement of the Eighth Pan American Child Congress, which was to have been held in San José, October 12–19, 1939.

Case Recording in Public Child-Welfare Agencies

By Emma O. Lundberg

Assistant Director, Child Welfare Division, U. S. Children's Bureau

An informal discussion of case recording was held during the Children's Bureau conference on child-welfare services in April 1938. Because of the interest of the group Mary Irene Atkinson, Director of the Child Welfare Division of the Children's Bureau, appointed a small committee representing State agencies administering Federal child-welfare-service funds to explore the problem of case recording by public child-welfare agencies with special reference to rural areas. The following persons have served as members of the Committee on Case Recording:

Bessie E. Trout, New York, *Chairman.*
Inez Baker, Florida.
Mrs. Mary L. Buckley, Connecticut.
Paula Frank, Louisiana.
Louise Griffin, Indiana.
Mrs. Alta Hoover, Oregon.
Helen C. Hubbell, Pennsylvania.
Mrs. Edythe Michell, New Jersey.
Cordelia Trimble, Wisconsin.
Emma O. Lundberg, Children's Bureau, *Adviser.*

Two meetings of the committee have been held—a 2-day session in New York in February 1939 and a 1-day meeting in Buffalo just preceding the National Conference of Social Work in June. Another meeting is to be held in New York in October 1939.

At the general conference in Washington the discussion brought out particularly the primary purpose of case recording as a part of the case-treatment process, the need for convincing public officials that adequate records are essential in child-welfare work, and the difficulties faced by workers in rural areas where the heavy volume of work makes case recording a chore which must be done outside the day's work. On these phases of the problem, Miss Trout commented:

> The importance of statistical and financial reporting is fairly clear, but that social case recording is a real part of the program is not recognized. . . . I wonder how many of our public officials know that it is necessary in order to give adequate care to a child that we have a record of the child's experiences and development. We have the task of defining for our officials what should go into these records. We must know what has happened to a child. We need some perspective of the life experiences he has had—not only information about him, but what his experiences have meant to him, what interpretations have been given him and how he understands them, as well as other factors of his life which represent so frequently the basis of his behavior and which we must know before we can understand how to treat him. Probably few of our public officials have any way of knowing the importance of having in a record the facts of the child's origin so that we may preserve for him the facts about his family and about himself. . . . There is great loss of time when records are not kept, because each new worker must accumulate the knowledge already gained by the previous worker. In addition to loss of time there is annoyance to members of the community and to the foster parents or to the child in going over again the ground someone has already covered.[1]

The relation between social case recording and case treatment and the importance of preserving factual data that may be of vital value to the child at some future time were further emphasized by other discussants, and brevity, pertinancy, and reliability of record material were stressed.

As a point of departure for discussion by the Committee on Case Recording a tentative outline was prepared for consideration by the members before the first meeting. The following premises were offered for discussion as a possible basis for the committee's work:

1. Certain fundamental principles of record keeping apply alike to rural and urban areas.
2. The needs of children in rural areas do not differ from those of children in cities; therefore, the primary consideration must be the quality of records as a necessary part of the case-treatment process. However, certain conditions inherent in rural child-welfare work necessitate the adaptation of record keeping.
3. It is desirable for this committee to work toward the development of adequate records. It is necessary, however, to suggest temporary modifications to meet

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[1] Proceedings of the Conference on State Child-Welfare Services, Washington, D. C., April 4-6, 1938. U. S. Children's Bureau, Washington, 1938, pp. 129-130.

existing conditions. Such modifications must not be considered permanent alternatives but progressive steps toward adequate records.

4. Child welfare in a public agency must cover the entire range of services and must be based on the principle that the child is a member of a family group; therefore service to a child means service in relation to his family as well as to the individual child.

Topics for possible discussion suggested in the outline were:

1. What adaptations are necessary because of (*a*) the use of the record by public officials and workers; (*b*) the attitude that "public records are public"; (*c*) the pressures under which a public child-welfare worker operates because of inability to limit intake within the definition of the child-welfare functions of a public agency?

2. What are the fundamentals of a good record as a picture of treatment? (*a*) Clarification of the problems presented in relation to the personalities involved and community influences. (*b*) Statement of the process by which the child, the family, and the agency arrived at a plan, temporary or permanent, for the solution of the problems presented. (*c*) Record of the care and supervision of a child (whether with his own family or in foster care) in relation to his growth and development, including factors such as: Social relationships, health, play, education, religion, general preparation for life as a person and as a self-maintaining member of the community.

3. What are the relative values of the various forms of recording? (*a*) What conditions determine the use of the narrative, topical, or summary forms of recording? (*b*) What is our thinking on the length of records, style of records, terminology, and record construction?

Before the first meeting of the committee several of the members spent much time and thought upon these subjects and enlisted local child-welfare workers in group discussion and experimentation in record keeping. Thus experience in dealing with problems of case recording at first-hand and practical interpretation of general principles became at once available to the committee. Between the first and the second meetings the committee members obtained actual case records from local workers; these were made available to all members and formed the basis for later discussion of problems and principles. Several of the committee members conducted group discussions of local child-welfare workers in their own States, with experimentation in case recording as a part of these group deliberations.

Following are abstracts from the minutes of committee meetings covering some of the points under discussion by the group.

Some members of the group questioned whether or not there are fundamental differences in record keeping in rural and urban areas in that the greater pressure of case loads in rural areas affects the quality of recording. Others brought out the fact that heavy case loads are not confined to rural areas and that therefore no inevitable differences in quality of records exist. It was noted that there is a variety of methods in recording in rural areas as well as in urban areas.

In regard to the protection of records in public agencies, two members reported that in their States the confidential nature of public-welfare records was being threatened. It was held that as between protection of records by legislation and by public opinion, the greater protection comes from education of the public to understand the purpose of records and appreciate their confidential nature. Lack of protection of records appears to represent an early stage of development of the program in the community. Additional safeguards of records were suggested, such as a summary excluding confidential material when public use of the record is requested, and interpretation by means of individual cases of the effect of public use of such information.

It was accepted that the fundamental purpose of the record is in connection with case treatment. Discussion of necessary modifications in record keeping led to consideration of the use of the record and its relation to the agency and the community. Many workers coming to rural areas find it difficult to break away from a pattern of recording set by a school of social work or a private child-caring agency and are not able to differentiate between the essentials of content in recording and the modifications necessary in a particular setting. Some workers fear that the record will not approximate what the State supervisor may have set as a good standard and that it will be used to evaluate their ability to do case work. This was recognized as a challenge to clarify the broader purpose of the record.

A good case record, in the general opinion of the committee, shows case procedure within a given setting and is related to the agency's program in the community. The writing of the record should be evaluated not as a literary production, nor according to a preconceived notion of form, but on its success or failure in showing clearly the service that has been rendered to the client and the part that the local public agency is playing in meeting the child-welfare needs of the community. Several members of the committee use records for the purpose of clarifying to public officials the function of the agency and of interpreting the responsibility assumed by the public for children.

The differences in recording in rural areas as against urban areas, as brought out by members of the committee in reviewing practices in their respective States, represent, on the whole, modifications that are necessary because of the point at which they are approaching their child-welfare problem. The discussion revealed the importance of not confusing temporary modifications in recording with permanent alternatives.

Under the premise, "Child welfare in a public agency must cover the whole range of services," discussion centered around the child-welfare functions accepted at the present time in States represented by committee members. These ranged from a program limited almost entirely to foster care to a program solely for services for children in their own homes. According to reports for June 1938 from States cooperating with the Children's Bureau in the administration of Federal funds for child-welfare services in rural areas, less than one-fifth of the children given service in local areas received foster care, and more than four-fifths received other forms of service. The general philosophy expressed by the group was that child-welfare service means service to children in their own homes or wherever they may be, and that foster care is one of many forms of service. The first responsibility of the worker is to establish what the child needs.

The process of determining whether or not the treatment of the problem can be assumed by the child-welfare worker was discussed both in relation to factual information necessary to the content of the record and to case treatment. The child-welfare worker must understand what the public department exists for, its philosophy, and its facilities; she must have a conviction about it and see it in relation to her skills and develop her work from that point.

It was agreed that the term "request for care" was preferable to "application," since the latter is sometimes associated with the practice of securing the signature of the client on an application form. The importance of recording all requests for care was pointed out, whether or not the agency can treat the problem, since such requests indicate community needs and their relation to community resources. It was recognized that requests for assistance of a child-welfare agency differ from requests for other forms of public aid in that the majority of requests come from members of the community other than the clients.

Establishing the validity of a problem in relation to the function of the agency, as the members agreed, is a major consideration in a request for care. A child-welfare program should be broad in terms of function, including treatment of problems of the child within his own family as well as the service of foster care. Since requests for assistance in child welfare are based largely on social problems, the client does not always realize the nature of the assistance he needs, and he should not be encouraged to make a formal request for specific services to himself or to his child. The practice of written applications is not applicable to child-welfare work.

In discussing problems relating to the equipment of staff members which affect recording, committee members reported that in areas where there are trained children's workers efforts are made to reduce the length of the record without loss of essential material. In areas where the workers are comparatively untrained discussion has centered around the question of how records may be made to include the necessary material. Ability of the worker to make selection of pertinent material is essential to good case recording.

Reports from the members at the second meeting showed a great deal of activity in staff thinking and in discussions by local groups. The memberships of these local groups have varied. Some groups have consisted of State department staff members only; others have included county child-welfare workers; and in one State groups have comprised State staff, county workers, and representatives of private children's agencies in the community or area. The subjects discussed in these meetings represented the most pressing problems that the workers were facing and were related to the stage of development of the child-welfare program in the given area. The members stated that these discussions have not only brought about increased interest in improved recording but have effected some changes in case procedure.

The Committee on Case Recording does not consider its function to be the immediate preparation of sets of "standards" or "forms." The following statement appears in the minutes: "The discussion in general emphasized the purpose of the Committee on Case Recording, that is, that we are not attempting to produce a sample record or to define a kind of record which should be used in all child-welfare agencies. We are not particularly concerned about agreement, but we hope rather to develop and crystallize our thinking on recording as it is related to different problems and within different settings; to find some balance between a common denominator of content and its relation to the development of the program in the community."

Reports of the step-by-step progress through the committee's deliberations are made available in the form of minutes of discussions. It is hoped that by this method persons responsible for administration of public child-welfare services in States other than those represented in the committee membership may be inspired to experiment in this field. The foundation for adequate child-welfare records must be understanding of the purpose and use of the records. Many practical difficulties stand in the way of good case recording, especially in rural areas where the need for "doing the job" seems to leave no time for writing about it. But the problem of attaining good case recording is part of the problem of providing adequate treatment for the child-welfare problems in a community.

BOOK NOTES

Social Services and the Schools. Educational Policies Commission, Washington. 1939. 147 pp.

The Educational Policies Commission of the National Education Association and the American Association of School Administrators deals in this volume with relationships of public education to other services which contribute to individual well-being, personal development, and the advantage of society. Major emphasis is placed on public services provided through the agency of government. The first three chapters discuss the growth and nature of education and library, recreation, health, and welfare services in American life and the sphere of the educational service. A chapter each is given to the administration of community library services, community recreation, the school health program, and the school welfare program. The last chapter discusses some general policies in the administration of social services. The appendix contains illustrative materials.

It is the hope of the Commission that—

> a series of studies such as this, carried on by professional groups in related social services, would eventuate in a framework of social policy which would provide for all necessary services of a desirable standard, encourage economies through eliminating undesirable duplications of service, and engender a new motivation toward maintaining and improving the social well-being of all the people.

The foreword states that the field studies and the drafting of the report were handled by Dr. Heriot Clifton Hutchins, Assistant Secretary of the Educational Policies Commission.

Family Expenditure in Chicago, 1935–36: Vol. 2, Family Expenditure. Prepared by A. D. H. Kaplan, Faith M. Williams, and Mildred Hartsough. U. S. Bureau of Labor Statistics, Bulletin No. 642, Washington, 1939. 256 pp.

Volume 1 of the Study of Consumer Purchases in Chicago dealt with the incomes received by Chicago families and provided the background for the present section (vol. 2), which is a study of the manner in which the family incomes were spent. Volume 3 will be a study of detailed items and will take the form of special commodity and service bulletins.

This study is part of an investigation conducted in 1936 by the Bureau of Labor Statistics of the United States Department of Labor in 32 cities varying in size and representing different sections of the country. The preface points out that this represents the first effort to study the incomes and expenditures of all strata of the community simultaneously, and should make possible comparisons among different sections of the country and among communities of varying degrees of urbanization.

For each major category of expenditure (food, home maintenance, clothing and personal care, and transportation) and for minor categories, including medical care, recreation, and education, the average money expenditures for current family living are analyzed by income group and by variations within income group. Average annual expenditures for medical care, for example, were found to range from $25 among families with incomes of $500 to $750 to $266 for families with incomes of $7,500 or more. "Preliminary examination of some of the detailed figures on medical services confirms the evidence derived from other studies that the explanation is not to be found in less illness at the lower-income levels. In general, large medical expenditures on the part of the Chicago families reflected the cost of hospitalization and emergency surgical attention. The average number of days of hospitalization (for those families reporting hospitalization) tended to be greater among the low-income than among the high-income families. This suggests that the greater frequency of high medical expenditures among the high-income families was in large part a result of more costly treatment and more adequate preventive care, rather than of greater incidence of illness."

Blood Group Tests as Evidence of Non-Paternity in Illegitimacy Cases. Revised edition. By Clyde E. Keeler, Sc. D. Editor and publisher, Robert C. True, Massachusetts Society for the Prevention of Cruelty to Children, Boston, 1939. No page numbers.

This small booklet was prepared to enable persons untrained in the sciences of immunology and genetics to interpret correctly the findings of the blood-group tests employed as evidence in illegitimacy cases. The author emphasizes that these tests are not so complicated and highly technical as is commonly believed. They need not, therefore, be available only to persons who can pay a high price for "expert testimony," but "blood-group evidence can and should be placed within the reach of even the poorest defendant falsely accused of fatherhood in illegitimacy cases."

The explanation of the blood groups is presented simply with many diagrams and tables and can be understood by any intelligent layman. The blood-group characteristics are inherited in each generation very strictly according to the heredity laws of Mendel. The presence in the red-blood cells of a child of a blood-group characteristic not present in the blood cells of either the mother or the accused father definitely proves that the accused man is not the father, since a characteristic not inherited from the mother must have been inherited from the actual father, and therefore would be found in his blood cells. "Blood groups may exonerate, but they cannot convict."

The laws of many countries, the author points out, now provide for the acceptance of blood-group determinations as evidence in cases of disputed parentage. In the United States blood-group tests are accepted as evidence in Wisconsin and New York and have been admitted as evidence occasionally in other States. In 1934 the Session on Forensic Medicine of the American Medical Association appointed a committee to "acquaint the suitable authorities in the legal profession with the existence and reliability of the blood-grouping tests."

The Position of the Negro in the American Social Order. *Journal of Negro Education*, vol. 8, no. 3 (July 1939), pp. 261–616.

This is the eighth in a series of year-book numbers of the *Journal of Negro Education*, each of which presents a rather comprehensive study of some particular aspect or problem in the education of Negroes.

In this yearbook Professor Allison Davis of Dillard University contributes an article on the socialization of the American Negro child and adolescent. Paul B. Cornely and Virginia M. Alexander of Howard University discuss the health status of the Negro in the United States, and Professor E. Franklin Frazier discusses the present status of the Negro family in the United States. Associate Professor Doxey A. Wilkerson of Howard University writes on vocational education, guidance, and placement of Negroes in the United States. Other articles deal with the present industrial, economic, and cultural status of Negroes and with the probable status of Negroes in the United States in 1950.

CORRECTION

The Russell Sage Foundation is the publisher of Your Community; its provision for health, education, safety, and welfare, by Joanna C. Colcord (1939), and of What Social Workers Should Know About Their Own Communities, by Margaret Byington (revised 1929). The publisher of these books was incorrectly given in a footnote on page 77 of *The Child*, September 1939.

PARENT EDUCATION AND CHILD GUIDANCE

The Mothers' Club as an Educational Project

By Marian S. Paul

Director of the Mothers' Club, Department of Social Service, Hospital of the University of Pennsylvania

Many hospitals have a mothers' club as an educational project for the women attending the prenatal clinic. In the hospital with which I am most familiar, such a club meets once a week for white women and once a week for colored women. Attendance is voluntary, and the mothers may spend half an hour before the meeting begins in making baby clothes from materials supplied by the club.

A talk given by an expert in medicine, nursing, nutrition, or mental hygiene, or a demonstration furnishes the "lesson" for each meeting. This is followed by informal discussion while light refreshments are served.

Women who attend mothers' clubs have two things in common—they are expecting a baby, and they do not have much money. Within these two common bonds wide variations are found. A woman attending the club at the fourth month of pregnancy is concerned primarily with herself and secondarily with the baby in a rather objective, intellectual manner. The woman in the seventh month of pregnancy is beginning to think of the baby as a real personality and is concerned with practical preparations. Again, in the eighth and ninth months, when delivery is at hand, the woman is concerned about herself. This concern is frequently tinged with fear.

In this group of women, with their common interests, we find the entire range of human emotions. If the leader were trying to do other than a straight educational job, this would prove a very difficult situation. But it is here that the leader must recognize her functions as a teacher—a kind, sympathetic, and understanding teacher, but an educator, not a therapist. The leader must be able to recognize the problems, both personal and social, and report them to the proper places for treatment. It is not the purpose of an educational project to deal with them.

By its very impersonality, however, the club does have a therapeutic influence. In a calm, detached manner, the club deals with all phases of pregnancy. The frightened woman finds the very thing she fears most explained in an intelligent manner by the leader or speaker and even discussed by the other women. The placing of the anxiety element on an intellectual plane, although not a therapeutic measure in itself, is often used as such by the frightened patient. A shy woman expecting her first baby likes the impersonal teaching of the club. There is no probing into her feelings or lack of knowledge. Timidly, at first, she questions and gradually she enters into discussion with others in the group. Later she may even contribute information obtained from outside sources.

Attitude of the Mother

Desirable mental attitudes are built in the club. This is perhaps the most fundamental contribution that the project makes to the expectant mother. Mental attitudes are important. One mother stands up to dress and bathe a baby and another sits down. That is not important. How does the mother feel about dressing the baby? Is it a bore and a drudge or a pleasurable, interesting time? The facts taught at the club can make it interesting. The child's development becomes something to anticipate with interest and curiosity.

Good attitudes are more successfully caught than taught. The leaders and teachers in the club, by the fact of being leaders and teachers, spread certain attitudes, both consciously and unconsciously. Fortunately, these workers are interested in the women and must hold certain attitudes to be doing this type of work. The mother is considered a person of supreme importance. Her work, her rest, her daily habits, her recreation, and her food are all considered and explained. Pregnancy becomes an interesting experience rather than a burden.

The belligerent woman finds that her attitude is not attacked. Attitudes toward children are discussed and evaluated entirely on an intellectual basis in the club. She discovers others who are not pleased with the prospect of a new baby. If the leader believes the problem is deep-seated, then some other source, such as the social-service or the psychiatric department, may be called on for assistance.

One woman preparing a baby tray for her sixth child said, "This baby will have it the best of all. I never did such a thing for any of my other babies. I feel like a young girl having her first baby. But it is fun!"

Another woman, about to have her eighteenth child, explained one day to a primipara, "I guess you wonder why I come. I should know all about babies, but they are all different, and I find out new things about them here. I can't tell what this one will be like."

What the Club Teaches

The material to be taught divides itself into material concerning the mother herself, and material concerning the baby. The subject matter is presented in a series of 12 talks or demonstrations:

1. Development of the baby before birth.
2. Everyday living while pregnant (maternal hygiene).
3. Best foods for expectant mothers.
4. Fitting these foods into the family budget.
5. Preparation of foods.
6. Preparing the family for the baby.
7. Personality of the baby.
8. General infant care.
9. Practical preparations for the baby (layette, bed, and so forth).
10. Bathing the baby.
11. Food for the baby.
12. Delivery at the hospital.

It is logical to present the material concerning the mother first. A simple physiology lesson in reproduction begins the talks. This enables the women to learn exactly what is happening to them and how the baby is developing. Following this comes a series of discussions on what the expectant mother can do to help make her baby normal and healthy. Emphasis needs to be placed on pregnancy as a normal condition and on the fact that with a little additional care, most pregnant women can continue to lead their usual life. A discussion of everyday living shows each woman how her own way of life may be adjusted to the needs of pregnancy. To tell a woman she must take more time to rest when she does all her own work and already finds the day too full is useless, unless we can point out to her when she can fit in short rest periods or can help her to schedule her day so she may have an hour to herself in the afternoon.

It is necessary with all suggestions to make sure the needs of the group addressed are being met. In general, to suggest a maternity corset to a woman in a low economic group is foolish unless there is an actual medical need for it. It is impossible for some women to purchase such a corset, or the money may be spent at an actual sacrifice of something else. We must consider carefully what the mother needs most before asking her to spend much money.

This consideration is especially true in the matter of diet. In the low economic groups the usual diet of the woman is an ill-balanced one. During pregnancy, therefore, it is necessary to stress certain foods more than would be usual in teaching a normal, balanced diet. Bread, potatoes, and gravy are more filling and less expensive than vegetables, meats, and fruits, and are used more freely. It follows that the protective foods must be stressed. How to buy the proper food on a limited budget is for these women a problem which they require help to solve. Proper food for pregnancy, food budgeting and buying, and the preparation of food are points which call for expert teaching on the part of the nutritionist and dietitian.

Along with these practical discussions the psychological aspects of pregnancy must be considered. Pregnancy is a very meaningful experience to all women, and this significance must not be overlooked. A discussion of mothers' attitudes toward their children clears up many points. Planning for the baby with the husband, the grandparents, and even the in-laws places things in a very different light.

The personality of the baby is the subject for one or more discussion periods; the growth of personality and emotional development can be presented in simple, nontechnical terms.

This serves as an introduction to baby care. The technique of baby care taught side by side with personality development throws a new light on it. The nurse, when demonstrating the baby's bath, may say, "This is probably the time when you will enjoy your baby most. He is wide awake and soon learns to look forward to this time with you. You note his growth and responses to the various things you do to him. He laughs, you laugh, and you both have a glorious time." How different from a technical demonstration of just how to wash each special area of the baby's skin! Correct methods of baby handling are given, of course, but with emphasis put on the psychological as well as the technical side.

Some prospective mothers are greatly concerned with practical preparations and go into elaborate preparations and needless expense to have everything ready. Usually these women have enough clothes for quintuplets at least. Others make no preparations, usually following the philosophy, "The Lord will provide." The work of the teacher is to point out possibilities rather than to lay down exact numbers of garments to be purchased or to give exact rules. The finances and potential resources of each household vary so much that the leader cannot be too arbitrary about the exact number of garments in a layette, but she can be definite about setting standards of comfort and cleanliness in baby clothes.

Patterns for dresses, coats, and sweaters, discussion of the stores at which baby clothes may be purchased at the best prices, ways to make baby beds from baskets and bureaus from crates, ways to give cod-liver oil, feeding time and its problems—all these are points for discussion. The leader should always indicate ways and means rather than set definite rules.

METHODS OF PRESENTATION

Methods of presentation are the educator's delight and his problem. With this group many of these problems solve themselves. There is no question of arousing interest. Their cultural backgrounds are somewhat mixed, and their average level of education is not beyond high school.

The lecture or talk is the most popular form of presentation. Its success depends entirely on the speaker. Rather short talks filled with illustrations from everyday life are most enjoyed.

One interesting point is that these women want to accept the speaker as an authority. Their reasoning seems to go something like this: "If this person does not know and cannot tell us, why did he come to speak?" This is a draw-back when the speaker wishes to point out various possibilities and have the women draw conclusions for themselves. Each speaker must think out the situation for himself—when he shall speak with authority and when he shall point out possibilities.

During one talk by a doctor, the question of marking the baby arose. The doctor said, "I don't know, what do you think? I never knew anyone to mark a baby." The women were thrown into confusion. They had heard various stories from their parents, friends, and neighbors. They knew some people said it was a silly idea. Here was a doctor, certainly a person who could tell them. After class the women gathered in a group and continued the discussion. They were really trying to think it through but had no information to fall back on. How could they reach an answer for themselves?

Illustrative material is most helpful. Pictures, specimens, samples, drawings, and charts can be used to advantage. These, however, need explanation. A poster hung in the clubroom may go unseen until explained by the leader. We had a poster showing the advantages of milk over other foods in calcium content. No one paid any attention to it until the leader one day explained it to the class. At the following meeting one woman was seen explaining it to another, and several references were made to it later.

Demonstrations are very well liked and seem to be effective. As one mother said, "I can remember when I see things done, but when I read I forget." Formula making, uses of various foods, diaper washing, and the technique of baby care all lend themselves to the demonstration method.

Actual participation in doing things is even more effective. The making of a plain, sensible baby dress does more to educate the mother than several lectures about suitable clothing for the baby. When the doctor advised that the mother should wear a mask while bathing the baby, when she has a cold, the women were skeptical. When material was provided, the making explained, the trying-on made fun, and the use of the mask taught, fear and prejudice were broken down more effectively than by talking or pictures.

The use of reading material is a question in groups with little educational background. Certainly the sources of reading should be opened to the women so that those who wish may use them. Again we find two groups—those who use the books and read a great deal, and those who do not read at all.

Government pamphlets and other free material may be distributed to be taken home. A club lending library will provide books for those who wish to read more. Among our club members the most popular books are those dealing with the birth process and with sex education. The subject of emotional growth and development of children needs to be stressed in all teaching of child care, and the mothers' club is an excellent place to begin this teaching.

The serving of refreshments offers another teaching point. In most cases the women find it necessary to cut down on sugar and starch. Through the use of fruit juices and milk in various forms we teach not only their preparation, but their value as a substitute for sweets.

Although education is the aim of the club, its social value should be recognized. This is the only social outlet some of the women have. They come to the club in their best dresses. They chat during the sewing period and exchange ideas and views. Because the women do not know each other intimately, the conversation stays on the plane of exchange of ideas and experiences rather than dropping to the level of personalities and neighborhood gossip.

An occasional party adds to the social value and relieves the solemnity of the club. The women plan the holiday celebrations themselves and prepare special refreshments. This, too, has its educational side.

The Work of the Leader

The variety of material covered in an educational project such as the mothers' club calls for experts on a number of subjects. This means that one person cannot do all the teaching, but there is definite need for coordination through a leader. On her rests most of the responsibility for the club. The planning of the program, the selection of speakers and teachers and of materials for the teachers, the choice of reading materials, demonstration materials, and sewing projects are all part of the leader's practical work.

The most important work of the leader is to build good attitudes and interpret the hospital and its function to the women. The feeling of the patients toward the clinic, the doctors, the nurses, and the entire hospital personnel can be improved by the club leader. As the club members sense the leader's spirit of friendliness, they gain confidence. They ask questions. "Why does the hospital let us come here? Do they 'try out' things on us?" This became a point of such concern with one group that at one talk a doctor went into this subject in detail and explained to the women the manner of teaching the medical students and the keeping of records. The lessening of tension in the group was very noticeable after this explanation. The leader must be alert to the feelings and needs of the group at various times and keep the program flexible enough to meet these needs as they arise.

When the speaker has finished and refreshments are being served, the leader should be free to mingle with the women and talk with them informally as they chat among themselves.

The volunteer worker, too, has her place in this set-up. She can render valuable service in teaching sewing, in preparing material for presentation, in making and serving refreshments, and in developing desirable attitudes through her friendliness and informal conversation.

BOOK NOTES

A CHILD'S BOOK OF FAMOUS COMPOSERS, by Gladys Burch and John Wolcott. A. S. Barnes & Co., New York. 1939. 184 pp. $1.50.

Short biographies of 20 of the world's great composers are published in this book for children from 8 to 12. The main facts of each composer's life are told in such a way that the book may be read for pleasure as well as for its educational value. Each story is accompanied by a full-page picture of the composer.

The authors describe the kind of music that each man wrote and show how his work is linked up with the whole history of music. Foster and MacDowell are the two Americans included in the group.

WOODCRAFT, by Bernard S. Mason. A. S. Barnes & Co., New York. 1939. 580 pp. $2.75.

How to pitch camp in the woods and how to make a great variety of articles out of wood and other forest materials are subjects treated in this book. It is designed for the hike leader, camp counselor, or person genuinely interested in campcraft who wishes to make it a hobby. For example, not one or two ways of building a fire but many ways, depending on the use to which the fire will be put and the materials available, are described and illustrated.

In addition to all phases of camping—shelters, equipment, firecraft, and cooking—directions are given for making many articles pertaining to Indian lore.

TRAINING FOR CHAMPIONSHIP ATHLETICS, by C. Ward Crampton, M. D. Whittlesey House, McGraw-Hill Book Co., New York. 1939. 303 pp. $2.50.

Dr. Crampton says that all his life he has been seeking out athletic champions and studying them. For the use of boys who wish to develop endurance, for school and college athletes, and for athletic coaches, he has set down his conclusions about how athletes are made.

The book is divided into two parts. The first part contains general material, illustrated with incidents from the lives of well-known athletes. The second part is devoted to rules for training and details on technique, supplementing the more general chapters. Throughout the book the author has emphasized the dangers of overtraining.

THE YOUNGEST CAMEL, by Kay Boyle. Little, Brown & Co., Boston. 1939. 96 pp. $2.

This is a fairy tale of the desert, the story of a most conceited young camel and how he finally learned humility, politeness, and truthfulness. The illustrations in color and line by Fritz Kredel add to the charm of the book.

The Children's Bureau *does not distribute* the publications to which reference is made in THE CHILD except those issued by the Bureau itself. Please write to the publisher or agency mentioned for all others.

U. S. GOVERNMENT PRINTING OFFICE: 1939

CONFERENCE CALENDAR

Oct. 16–20	National Safety Council. Twenty-eighth national safety congress, Altantic City. Information: National Safety Council, 20 North Wacker Drive, Chicago.
Oct. 17–20	American Public Health Association. Sixty-eighth annual meeting, Pittsburgh.
Oct. 22–25	International Society for Crippled Children and National Society for Crippled Children. Annual meeting, Dallas.
Oct. 22–29	National Hearing Week. Information may be obtained from the American Society for the Hard of Hearing, 1537 Thirty-fifth St. NW., Washington, D. C.
Oct. 23–27	Conference of Executives of Schools for the Deaf. Eighteenth regular meeting, Washington, D. C., on invitation of Gallaudet College authorities.
Oct. 23–29	Better Parenthood Week. Sponsored by *Parents' Magazine*, 9 East Fortieth St., New York.
Oct. 25–28	National Association for Nursery Education. Biennial conference, Hotel Pennsylvania, New York. Secretary: Katherine E. Roberts, 71 East Ferry Ave., Detroit.
Oct. 26–28	National Society for the Prevention of Blindness. Annual conference, Astor Hotel, New York. Permanent headquarters: 50 West Fiftieth St., New York.
Nov. 5–11	American Education Week. Theme: Education for the American way of life. Folders, posters, leaflets from National Education Association, 1201 Sixteenth St. NW., Washington, D. C.
Nov. 16–18	American Academy of Pediatrics. Annual meeting, Netherland Plaza Hotel, Cincinnati. Permanent headquarters: 50 West Fiftieth St., New York.
Nov. 21–24	Southern Medical Association. Thirty-third annual meeting, Municipal Auditorium, Memphis. Permanent headquarters: Empire Building, Birmingham.
Dec. 4–8	American Farm Bureau Federation. Twentieth anniversary meeting, with agricultural educational exhibit, Stevens Hotel, Chicago.
Dec. 6–10	American Public Welfare Association. Round table and annual meeting, Washington, D. C. Headquarters: 1313 East Sixtieth St., Chicago, Ill

CHILDREN'S BUREAU

Katharine F. Lenroot, Chief

UNITED STATES DEPARTMENT OF LABOR

Frances Perkins, Secretary

Published under authority of Public Resolution No. 57, approved May 11, 1922 (42 Stat. 541), as amended by section 307, Public Act 212, approved June 30, 1932 (47 Stat. 409). This publication approved by the Director, Bureau of the Budget, May 12, 1936.

THE CHILD

Monthly News Summary

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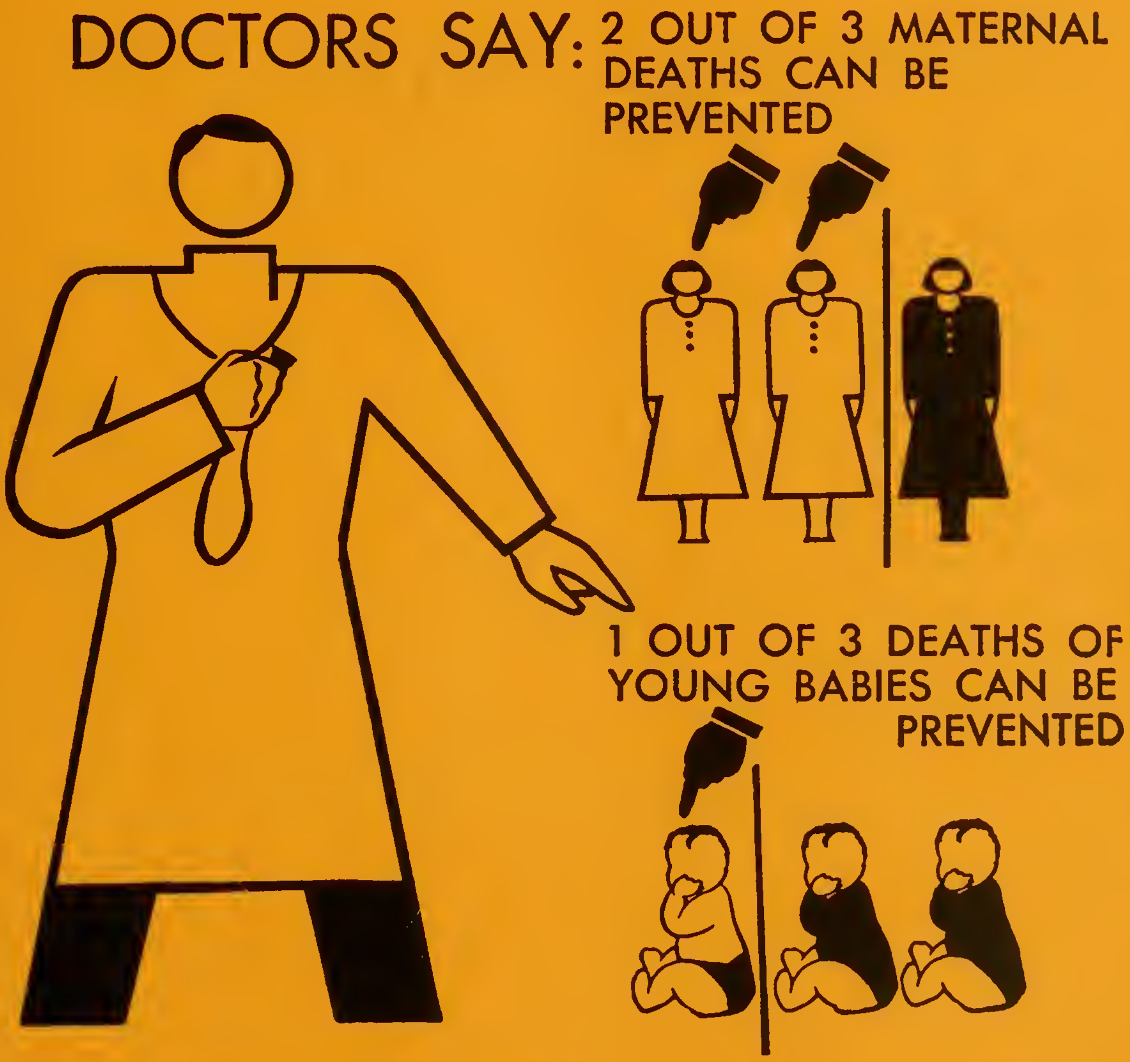
DOCTORS SAY:
2 OUT OF 3 MATERNAL DEATHS CAN BE PREVENTED
1 OUT OF 3 DEATHS OF YOUNG BABIES CAN BE PREVENTED

CHILDREN'S BUREAU
U.S. DEPARTMENT OF LABOR – WASHINGTON, D.C.

THE CHILD

MONTHLY NEWS SUMMARY

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For sale by Superintendent of Documents, Government Printing Office, Washington, D. C.
Subscription price $1 a year; 10 cents a copy; postage additional outside the United States

BIRTH, GROWTH, AND HEALTH

The Essentials of Adequate Maternal Care in Rural Areas[1]

By Charles H. Peckham, M. D.

Associate Professor of Obstetrics, Johns Hopkins University, Baltimore, Md.

The ideal to be desired from any program of maternal care is adequate medical and nursing supervision throughout pregnancy, labor, and the puerperium for every woman of childbearing age. I believe that no State, county, town, or city in this country has as yet remotely approached this ideal. Certain large cities, particularly those known as medical centers, seem to be closer to it and more earnestly striving to attain it than is the case with towns, villages, and rural areas. In fairness, however, it must be stated that the road to the ideal is considerably smoother in thickly populated than in thinly settled regions. Furthermore, the problem of affording adequate obstetric attention to the populace of a large city must be approached in a materially different manner than is the case in the country.

It is obvious that no single program can be suggested which will prove generally satisfactory. Even within the boundaries of a single State, the various counties and their problems differ greatly. Such factors as the presence of a large city in the county or the nearness of one to it; the presence or absence of a community hospital and its policy as regards indigent patients; the type of population, from standpoints of race, intelligence, and earning capacity; the availability of properly trained consultants—all these make for a divergency of needs which do not permit any single therapeutic panacea. It becomes necessary to set up an arbitrary community in order to discuss the questions here involved, and my remarks will be intended to fit a rural county with no center of population reaching 10,000, with only a small community hospital, and with residents whose earning capacity is generally low. Such, I believe, represents the type of community in which improvement in maternity care is most needed today.

There would seem to be two logical methods of approach to an adequate program of maternal care. The first consists of listing the various agencies involved and itemizing the roles each must assume in order that the successful completion of the whole may be accomplished. The second and to me the more practical starts with the most interested party, the patient; considers her needs from an obstetric standpoint; and points the way toward their fulfillment. We shall now proceed directly to such a consideration.

Prepregnancy Care

Ideally, the care of the obstetric patient should begin prior to the onset of pregnancy. In the past few years an increasing number of women have made their way to the offices of obstetricians and gynecologists in order to ascertain their physical and mental fitness for assuming the burdens of pregnancy and motherhood. One trusts that this practice will increase, since its benefits are without question. At the present time, unfortunately, this ideal seems completely impractical for general acceptance, and further discussion of it is not germane to this paper.

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[1] Paper given before the American Congress on Obstetrics and Gynecology, Cleveland, Ohio, September 11, 1939.

ANTEPARTUM CARE

It does seem possible, however, that with our present medical and public-health set-up, every pregnant woman should have adequate supervision during the prenatal period. For this it is first necessary to convince the patient of its benefits. It seems probable that time may solve this problem, since our experience indicates that it is the young woman, usually pregnant for the first time, who most frequently seeks prenatal advice and follows it most closely once given. Conversely, the majority of obstetric emergencies seem to come from the multiparae, the generation nearing the end of its childbearing career. These women seem loath to seek medical care, and their cooperation frequently leaves much to be desired.

The dissemination of information through the lay press, both newspaper and magazine, has probably accomplished something, but too often the authors of these articles, though well intentioned, have been extraordinarily misinformed. Furthermore, they have tended to exploit obstetric fads, which make good reading, rather than to explain the duller, more commonsense, and more important facts of normal obstetrics. Moreover, these agencies, together with the radio, have failed to reach the groups most in need of information, namely, those in the less fortunate economic, social, and intellectual strata. Here, talks to parent-teacher groups seem to be of definite value and are a method of imparting information rather neglected in most communities. A good deal might be accomplished by similar talks delivered to the girls in the senior classes of secondary schools.

Even though these various agencies were utilized and made efficient, public knowledge of the value of maternal care would remain incomplete without the addition of two other sources of information, at present the most readily available as well as the most valuable. First, word-of-mouth information imparted by the satisfied patient is most impressive to the prospective patient. Not only should the pregnant woman be thoroughly examined and properly supervised, but she should be told in detail the value of such examination and supervision. Second, the one person in the entire community most likely to hear of early pregnancies and most able to persuade the patients to seek prenatal care is the county health nurse. In my experience the number of women in a community receiving prenatal care is in direct proportion to the initiative, resourcefulness, and intelligence of the nurse. Furthermore, she is the one person able to seek out the patient and send her to a medical agency, the physician himself being bound by his ethical code not to do so.

Assuming now that the rural patient in early pregnancy desires prenatal care, the problem becomes more specific. How can it be obtained for her? The following agencies should be available:

1. The wealthier patients of the county will often seek the advice of specialists in the nearest large city. Their care is not a community problem.

2. The patient capable of paying some sort of obstetric fee to the local practitioner should receive adequate care from him. Unfortunately, many rural physicians either do not realize the value of prenatal care, do not know what it entails, or do not choose to give it. The convincing of the physician is often far more difficult than the convincing of the patient. Some form of postgraduate instruction is badly needed by the physicians in many communities in order that a more modern type of obstetrics may be made available to the public. It is the author's experience that less than 1 physician in 5 is equipped to measure a pelvis or interpret the findings once made and that only 1 in 20 has apprised himself of the value of a routine Wassermann test on all pregnant women.

3. The indigent patient may best receive prenatal care in clinics held under the supervision of the local health department. These clinics should be held in the department quarters or a community building, rather than in a

physician's office. They may be conducted by a clinician invited to the county for that purpose, the health officer himself, or a local physician. In my opinion a local physician, supervised from time to time by an experienced consultant, is best, but it seems preferable to change clinic physicians every few months rather than to employ the same one permanently. Examinations and medical advice to patients by clinic physicians should be supplemented by general advice given by the nurses on the staff. In addition dietary instruction by a trained nutritionist has been of great value in many clinics to the patient herself and indirectly to her entire family. Simple medication, such as the use of sedatives or iron, when indicated, should be allowed the clinic physician according to a list of "standing orders" approved by the local medical society.

4. Clinic visits may be obviated for normal patients after the initial examination until the last 6 weeks of pregnancy by routine home visits on the part of the county nurses, who should also see that the home is made ready for delivery, the layette adequate, and so forth. Nurses should be trained to question the patient concerning symptoms or signs of abnormality, make blood-pressure determinations, and examine the urine for albumin, as a routine part of these visits.

5. If the county health department is fortunate enough to have the services of a trained nurse-midwife, she may take over the obstetric care of the normal patient in the clinic and leave more time for the physician to specialize in medical care and the treatment of complications.

6. A consultant employed by the State health department should make periodic visits to the county, in order to supervise the quality of the care being given and to offer advice in abnormal cases. The consultant should also examine private patients of the local physicians whenever requested.

7. Transportation to the clinic remains one of the major problems of the maternal-health program in rural areas. If possible, local civic organizations should be interested in supplying this. Otherwise the health department should assume responsibility for transportation of the patient for the needed minimum of clinic visits.

8. The welfare worker can give valuable assistance to the doctor through providing for the patient's special needs of diet, clothing, housekeeping assistance, and so forth. These needs can be explained to the welfare worker by the public-health nurse.

The object of prenatal care is threefold: To examine the patient and detect preexisting abnormalities; to discover and treat complications developing during pregnancy; and so to control the patient's mode of living that she may reach the actual time of labor in the best possible physical and mental condition. No matter how adequate the prenatal care, however, it will fail at least partially in its purpose unless supplemented by intelligent help during the course of parturition. At present the maternal-welfare program sponsored by many health departments deals with prenatal care and then ceases abruptly. Any program that abandons the patient at the onset of the first labor pain is completely inadequate, and herein lies our greatest obstetric problem from the public-health standpoint today.

Intrapartum Care

The most critical time in the entire childbearing period lies in the few hours of labor. Ideally, every woman should be delivered in the obstetric division of a hospital. This at present is completely impossible, and in rural areas the majority of labors must take place at home, or in the operating room of the small community hospital. The patient to be delivered in her home needs more constant medical supervision than if she is having her baby in a hospital, where adequate nursing attention is enough during the first stage of labor. The busy rural practitioner is totally unable to remain with the patient during the entire process, particularly in the case of primiparae, and accordingly the patient is frequently neglected; or worse, labor is hastened by drugs, and the child is forcibly pulled through the birth canal by instruments.

More than 200,000 babies are delivered in this country each year by midwives. Usually these individuals are inadequately trained and completely ignorant of the simple necessities of normal, clean obstetrics. The present policy of "do away with them and let physicians deliver all the babies" is, however, short-sighted. In many areas physicians are not available, and no agency other than the midwife is at hand to aid in delivery. Not only would the number of physicians have to be increased in order to care for the obstetric needs of these sparsely settled communities, but they would have to be subsidized as well, so poverty-stricken are a great many of the patients. It seems to me much more practical for the immediate future to encourage the midwives, supervise them rigidly, and train them sufficiently so that they can assume responsibility for conducting normal deliveries in a satisfactory manner.

The following agencies seem to be included necessarily in a program which would care adequately for the women of a rural county during labor.

1. Hospitalization should have been arranged in advance for all obviously abnormal patients. Complications such as contracted pelvis, toxemia, and pyelitis should be diagnosed in the prenatal clinic and satisfactory hospital care arranged for. It seems preferable to reduce, so far as possible, the number of abnormal obstetric cases delivered in the small community hospital, unless a specialist is present to supervise them. Not only are the local hospitals often not equipped to handle emergencies or to isolate infected cases, but they frequently do not have personnel capable of giving the skilled attention necessary for a favorable outcome. Arrangements should be made for admission of these patients to a larger hospital in the nearest city, whenever the exigencies of the case permit. In many cases of unexpected complication, such as placenta praevia, premature separation, or malpresentation, the patient's safety is less jeopardized by an ambulance trip to the nearest hospital than by delivery in the unsatisfactory environment of the home.

2. Nurses should be available to follow during labor the patients to be delivered by physicians. Certain health programs call for aid by a nurse at delivery only. This is undoubtedly of benefit to both patient and doctor, but I, myself, would prefer to deliver the patient with only the help of the family, if necessary, in order to insure the presence of a nurse during the actual hours of labor. The training necessary to render the county nurses of value in such a function would consume very little time. If the number of county health nurses is not sufficient, there are usually in a community graduate nurses who for a reasonable fee are glad to attend patients during labor and delivery. Such fees are properly to be charged against public funds. I believe that the presence of a nurse at the bedside throughout labor not only would be of great physical and spiritual aid to the patient but would so relieve the doctor that normal delivery rather than operative would become a more general rule. In this regard it is pleasant to note that future plans for public-health maternity programs include provisions for substantially increasing the number of nurses. Thus delivery assistance to private physicians may be materially augmented.

3. Next comes an agency that, I believe, has more to offer in the improvement of rural obstetrics than any other in the country today. I refer to the nurse-midwives, whose numbers at present are small but whose benefit to the community is already proved. Depending on the geography of the region, each county or group of counties should have the full-time services of a nurse-midwife. Her duties are several:

(*a*) The nurse-midwife should train the local midwives, so that they become capable of doing clean obstetrics in normal cases and of recognizing abnormalities. She should supervise deliveries done by the midwives and further instruct by actual demonstrations. Through the local health officer the nurse-midwife should have the power of revoking the licenses of incapable and uncooperative midwives.

(*b*) The nurse-midwife should assume responsibility for the prenatal care of the normal clinic patient following initial examination by the physician.

(*c*) She should instruct the local nurses in the care of the patient during labor.

(*d*) So far as time permits, she should on request assist the local physicians in difficult or abnormal deliveries.

(*e*) In cases of emergency the nurse-midwife may do the actual delivery herself.

(*f*) She should make it her duty to disseminate information concerning the value of adequate maternity care, as well as the minimum requisites of it. In communities where a nurse-midwife has been employed the general level of obstetric care has always improved with remarkable celerity.

4. The role of the midwife herself has already been discussed. My experience is that most of them are eager to learn and ready to cooperate. All others should immediately lose their licenses.

5. The majority of all rural deliveries for some time to come will be done by local physicians. Insufficiently remunerated, working under adverse conditions, and lacking the long period of training which makes only the specialist capable of dealing with serious obstetric emergencies, they have done and are doing the best work of which they are capable. Probably the greatest need in rural obstetrics today is a sound program that will directly increase their clinical judgment and ability and will also afford them some remuneration for the care of patients who are unable to pay.

6. Under the present system it is almost impossible to afford adequate consultation service in rural areas. Scheduled attendance of a trained individual at prenatal clinics will decrease but by no means eliminate emergencies where skilled advice is necessary. It seems apparent that cities of less than 20,000 population cannot support an obstetric specialist. Telephone consultation is usually unsatisfactory and often dangerous, since the local attendant may have failed to detect important features of the case. The New Jersey system of selected consultants paid a standard fee from public funds is satisfactory only in communities where the population is predominantly urban. At present the most satisfactory solution seems to be the appointment of well-trained physicians, who would devote their entire time to the maternal-health program in one to three counties. The minimum training required should be the completion of an obstetric residency in a large hospital. These individuals would be available for consultation with the local practitioners at all times. In addition they could supervise the general program and give refresher courses for local county units as requested.

Postpartum Care

From the standpoint of the patient it is obvious that a complete maternity program must include supervision during the postpartum period, to be climaxed by careful examination for abnormalities about 6 weeks after delivery. Frequent visits by the doctor during the first few days should be supplemented by instructive calls from the county public-health nurse. If the community has a nurse-midwife, some of this care may be delegated to her. Puerperal complications may necessitate consultation service just as in the case of abnormalities of labor. The importance of the puerperal period is frequently overlooked, although for maternal care to be completely successful it must return the woman to her active place in the community in as good physical condition as before pregnancy.

Augmenting the Obstetric Ability of the Rural Physician

This is a serious problem and one for which the solution is far from clear. It is no more possible to make an obstetric specialist out of a general practitioner than it would be to make him an ophthalmologist, otolaryngologist, or gynecologist. All we can ask of the rural physician is that he be capable of conducting a normal delivery and of recognizing the abnormal when he meets it. At the present time the best solution seems to be the presence of the salaried full-time consultant to a group of counties, to function in the manner already suggested.

Refresher courses have, I believe, attained only mediocre success, partly because each community must be individualized. In order to improve conditions in a given area, one must know it minutely, its problems, its obstetric successes, and its obstetric failures. A few lectures or demonstrations may fulfill to an extent the needs of one county and completely fail in another. Postgraduate courses for physicians for a few weeks in a large medical center would be of great help, but this is seemingly impractical for the busy practitioner.

Aside from the resident consultant I should like to urge one other method of obstetric education which would seem to offer a good deal. The type of information most needed in a community is usually reflected in the causes of its maternal deaths. Each of these deaths should be carefully studied and at stated intervals should be fully discussed at meetings of the local medical societies. Such meetings should be conducted by one or more members of the committee on maternal welfare of the State medical society. Unpreventable deaths should be briefly dismissed, but those in which the preventability is debatable should serve as a text for frank, impartial, and constructive criticism. Such meetings are already being held in several large cities and are considered valuable. There is no reason why they should not be equally of advantage to the rural community.

REMUNERATION

I have been told by many rural physicians that at least 50 percent of their obstetric practice is completely unremunerative. Obviously this should not be. A definite schedule of rates should be set up for obstetric care, and the physicians should be paid from public funds in cases properly certified by local health or welfare departments as being completely indigent. This scheme should apply to delivery by midwives in communities lacking physicians. Prenatal care for needy individuals may be given at the county clinics, at no additional expense, but funds for the physician should include mileage for the necessary visits to the patient's home. Under this item should be included payment of hospital bills for needy and abnormal county patients. The financial burden for hospitalization properly falls on the community from which the patient comes and should be assumed by it.

SUMMARY

An adequate program of maternal care in a rural community must be State-wide rather than merely county-wide in scope. The city hospitals, the State medical society, and city obstetric consultants must all play a part if the entire program is to be efficient. In the county, nonmedical groups such as women's clubs and parent-teacher associations must be sufficiently interested to disseminate information, afford transportation, and so forth. Certification of indigent patients is a function of the county welfare board. Of greatest importance is the close cooperation of the two most interested agencies, namely, the local physicians and the county health department. The functions of the two, although primarily separate, frequently overlap. Each can do much to help the other, and their combined efforts are necessary for success. It is possible for the physician to make great use of the health department and still maintain his professional integrity and individual personality. It is equally possible for the health department to cooperate with the physician without the adoption of a bureaucratic or heavily paternalistic attitude. The aim on both sides is the same—the lowest possible maternal, stillborn, and neonatal mortality rates. A considerable lowering of maternal and neonatal rates is possible with existing facilities plus the expenditure of a relatively small amount of judiciously placed money. The improvement of community health following better obstetric practice will more than repay the energy and money necessary to accomplish it.

Funds for State Maternal and Child-Health Services, 1940

The following tabulation shows for the fiscal year 1940 the total amounts of Federal funds and State and local matching funds budgeted in the State plans for maternal and child-health services under the Social Security Act. The tabulation includes supplemental budgets approved by the Children's Bureau to September 1, 1939.

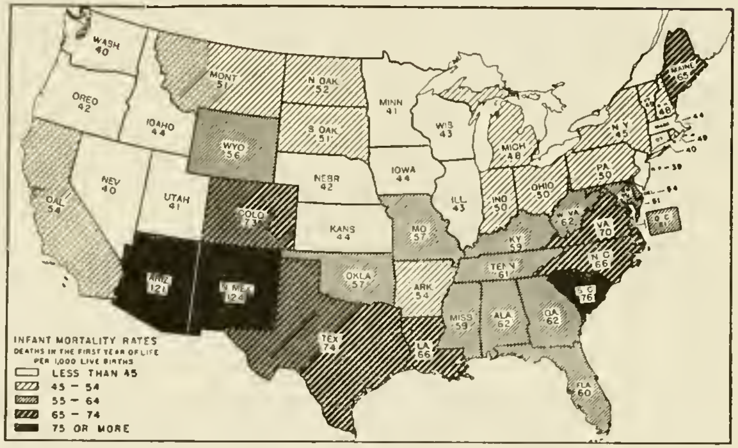
TOTAL AMOUNT BUDGETED			$7,451,235.69
1. Professional personnel and services			*6,002,652.31*
Medical		$1,387,752.34	
Salary and travel for 418 State and local staff physicians	$1,051,459.50		
Services of practicing physicians	336,292.84		
Dental		416,855.81	
Salary and travel for 68 dentists on State and local staffs	$197,074.50		
Salary and travel for 33 dental hygienists on State and local staffs	66,883.00		
Services of practicing dentists and dental hygienists	$152,898.31		
Nursing		$3,932,865.66	
Salary and travel for 2,760 public-health nurses on State and local staffs	$3,920,528.64		
Services of local graduate nurses	12,337.02		
Nutrition		139,260.00	
Salary and travel for 49 nutritionists on State and local staffs	$139,260.00		
Health education		125,918.50	
Salary and travel for 40 health educators on State and local staffs	$125,918.50		
2. Postgraduate education			*$252,530.64*
Medical		$100,148.59	
Dental		14,148.72	
Public-health nursing		137,363.33	
Nutrition		420.00	
Health education		450.00	
3. Nonprofessional personnel			*661,116.13*
Salary and travel for 654 nonprofessional personnel		$661,116.13	
4. Other expenditures, such as office and scientific supplies, communication			*534,936.61*

Round Table Conference on Problems of the Fetus and Newborn Infant

The Children's Bureau has invited the members of the Joint Committee on Problems of the Fetus and Newborn Infant to hold a round-table conference in Washington on December 2, 1939. In addition to the members of the committee, of which Dr. Fred L. Adair is chairman, 12 guests will be invited, representing the fields of medicine, nursing, public health, and medical social work.

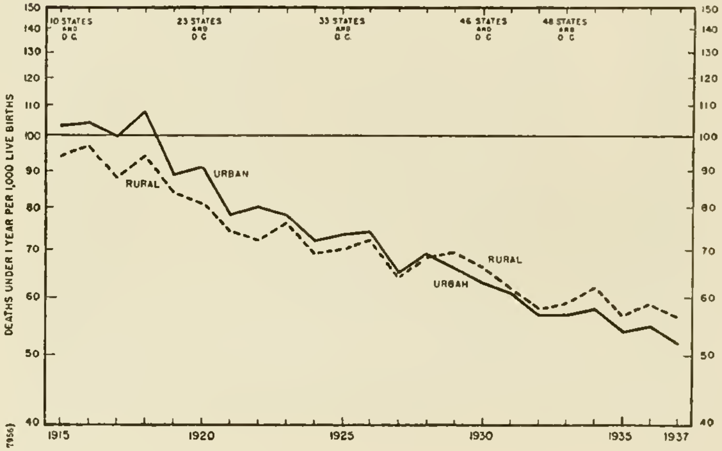
INFANT MORTALITY CHARTS

INFANT MORTALITY IN THE UNITED STATES, 1937


WASH 40
OREG 42
CAL 54
IDAHO 44
NEV 40
MONT 51
WYO 56
UTAH 41
COLO 73
ARIZ 121
N MEX 124
N DAK 52
S DAK 51
NEBR 42
KANS 44
OKLA 57
TEX 74
MINN 41
IOWA 44
MO 57
ARK 54
LA 66
WIS 43
ILL 43
MICH 48
IND 50
OHIO 50
KY 59
TENN 61
MISS 59
ALA 62
GA 62
FLA 60
S C 76
N C 66
VA 70
W VA 62
PA 50
N Y 45
MAINE 65
48
44
49
40
39
54
51
D C 81
INFANT MORTALITY RATES
DEATHS IN THE FIRST YEAR OF LIFE PER 1,000 LIVE BIRTHS
LESS THAN 45
45 – 54
55 – 64
65 – 74
75 OR MORE

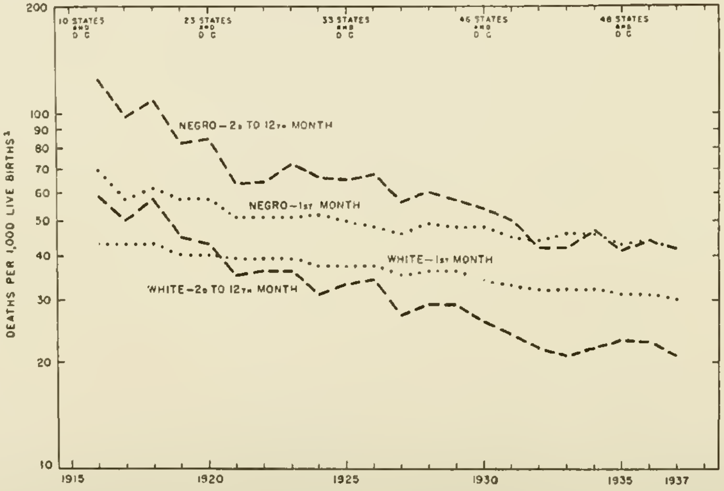
INFANT MORTALITY— URBAN AND RURAL AREAS, 1915–37

UNITED STATES EXPANDING BIRTH-REGISTRATION AREA



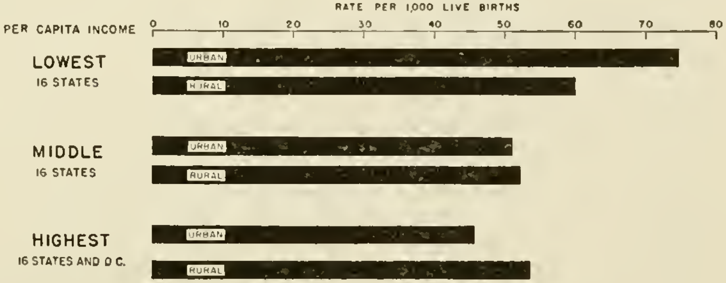
MORTALITY IN CERTAIN PERIODS OF THE FIRST YEAR OF LIFE AMONG WHITE AND NEGRO INFANTS

UNITED STATES EXPANDING BIRTH-REGISTRATION AREA, 1916–37

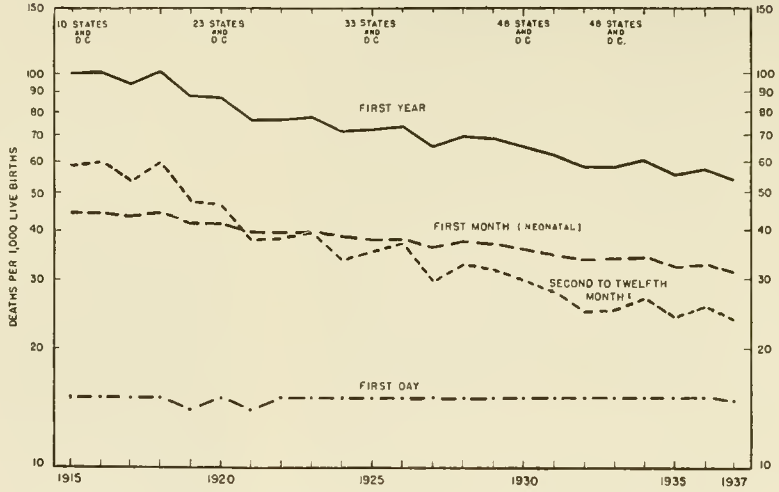


[1] FIRST MONTH, DEATHS PER 1,000 LIVE BIRTHS, SECOND TO TWELFTH MONTH, DEATHS PER 1,000 INFANTS SURVIVING THE FIRST MONTH OF LIFE

INFANT MORTALITY IN URBAN AND RURAL AREAS, BY PER CAPITA INCOME OF STATES, 1937

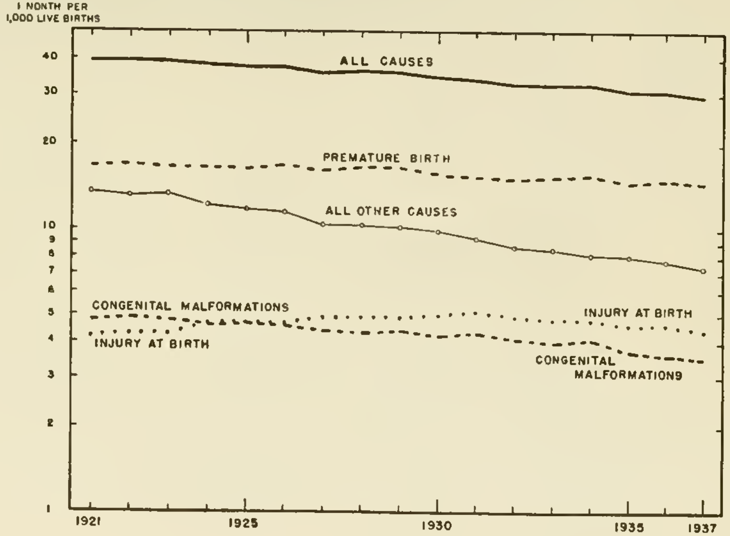


INFANT MORTALITY—
CERTAIN PERIODS OF THE FIRST YEAR OF LIFE, 1915–37
UNITED STATES EXPANDING BIRTH–REGISTRATION AREA

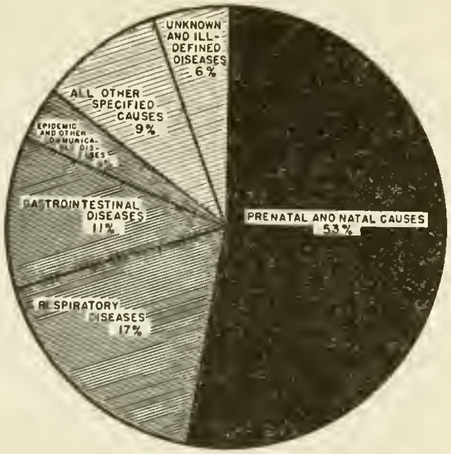


¹RATES FOR INFANTS WHO SURVIVED THE FIRST MONTH

NEONATAL MORTALITY, BY CAUSE, 1921–37
U S. BIRTH-REGISTRATION AREA OF 1921 (EXCLUSIVE OF SOUTH CAROLINA)

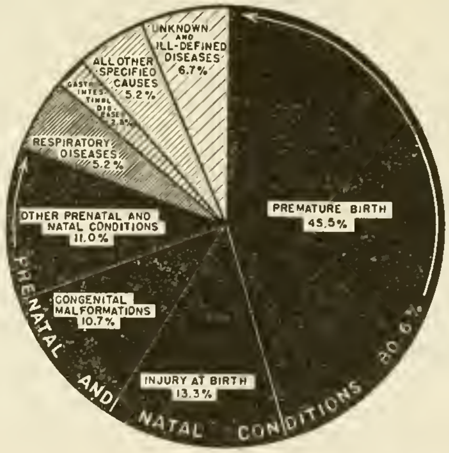


CAUSES OF INFANT MORTALITY
UNITED STATES, 1937



Charts and maps on infant and maternal mortality, live birth rates, and related subjects, based on figures from the United States Bureau of the Census and including the eight reproduced here, have been prepared and are available from the Children's Bureau on request (8 by 10½ inches each).

CAUSES OF NEONATAL MORTALITY
UNITED STATES, 1933–35



BOOK NOTES

The Fortification of Foods with Vitamins and Minerals. Symposium held at the American Institute of Nutrition, Toronto, Ontario, April 26, 1939. Reprinted from *Milbank Memorial Fund Quarterly*, vol. 17, no. 3 (July 1939), pp. 221–262. Milbank Memorial Fund, 40 Wall St., New York. 25 cents.

Recent field studies have shown that many American families are consuming inadequate quantities of foods rich in minerals and vitamins. At the same time laboratory research has made several of these vitamins and minerals available as pure substances or potent concentrates. Some manufacturers of foods and beverages have added minerals or vitamins to their products. The question of the fortification of foods, therefore, concerns physicians, nutritionists, public-health workers, food and drug officials, and persons engaged in the food industry. All these groups were represented in the Toronto symposium.

The participants agreed that mineral and vitamin preparations are of inestimable value in the treatment of many diseases in which nutritional deficiency is the primary factor or a contributing factor. There was also substantial agreement that for the present the nutritional status of the American people will be served best by liberal consumption of protective foods, the naturally high mineral and vitamin content of which has been retained to the greatest possible degree in processing, marketing, and preparation for the table.

The Status of Certain Questions Concerning Vitamins Based on Recommendation of the Cooperative Committee on Vitamins. Report of the Council on Pharmacy and Chemistry and the Council on Foods. *Journal of American Medical Association*, vol. 113 (August 12, 1939), pp. 589–595.

The first section of the report consists of a statement from the Council on Pharmacy and Chemistry on permissible claims for each of the vitamins known to have some bearing on human nutrition. The second section consists primarily of a statement from the Council on Foods on the fortification of foods with vitamins. This section may well be read in connection with the papers in the symposium reviewed above. The Council on Foods resolved that the indiscriminate fortification of foods with vitamins or minerals should be discouraged, but that encouragement should be given to the "restorative addition" of vitamins or minerals that should be consumed in larger quantities to foods that are naturally the principal sources of supply of these nutrients. Specific approval was given to three forms of "restorative addition" under carefully defined limitations: (1) The addition of vitamin D to milk; (2) the addition to vitamin A to food fats; (3) the addition of iodine to table salt.

Various Complementary Feedings Used During the Neonatal Period, by Heyworth N. Sanford, M. D. *Journal of American Medical Association*, vol. 113, no. 6 (August 5, 1939), pp. 470–475.

From a 9-year study of the records of 4,622 newborn infants born in the Presbyterian Hospital, Chicago, Dr. Sanford has concluded that one-third of all newborn infants lose between 5 and 8 percent of their birth weight no matter what form of feeding is given. The percentage of infants who lose 5 percent or less of their birth weight and of those who regain their birth weight by the tenth day of life is larger for infants given complementary feedings than for infants given breast feeding only.

On the other hand, it was shown that complementary feedings tend to suppress the secretion of breast milk and that a smaller number of newborn infants receive sufficient breast milk when given some form of complementary feeding than when given only breast feedings. In the author's opinion "the nursing of newborn infants every 4 hours, with the avoidance of any complementary feeding except water is, except in certain conditions, the ideal method for promoting breast feeding."

The Children's Bureau *does not distribute* the publications to which reference is made in THE CHILD except those issued by the Bureau itself. Please write to the publisher or agency mentioned for all others.

SOCIAL WELFARE OF CHILDREN

January 1940 Session of White House Conference on Children in a Democracy Approved

President Roosevelt has approved a recommendation of the Planning Committee of the White House Conference on Children in a Democracy, adopted on October 5, that the conference be called into session from January 18–20, 1940.

In making this recommendation the Planning Committee issued the following statement:

> Events in Europe must not be allowed to divert the attention of the American people from the task of strengthening our democracy from within.
>
> Every measure which safeguards the liberties and promotes the welfare of its people fortifies the democratic form of government. The strength of a democratic civilization is in proportion to the security and opportunity which it provides for the individual men, women, and children of the country.
>
> In such a time as the present, the needs of childhood require particular attention. Despite international problems the responsibility for meeting the continuing needs of the children must be accepted. It cannot be postponed.
>
> The White House Conference on Children in a Democracy has been charged by the President of the United States with the duty of reviewing the extent to which children are deprived of those things which are essential to their development and the ways by which, as individuals, and through organized effort, public and private, we may open up opportunities for them which are now lacking.
>
> Conference committees have been at work for some months. Material for a report is being assembled. In order that the major conclusions of the conference and suggestions for a follow-up program may, in this critical time, receive the early attention of the general public, the Planning Committee recommends that the President be asked to call the conference into session from January 18 to 20, 1940, in Washington. It also recommends that the Report Committee prepare a report embodying its major conclusions and recommendations for submission at that time.

In his letter to the Secretary of Labor, asking that the Planning Committee proceed with arrangements for a meeting of the conference in January, President Roosevelt said:

"I am in hearty accord with the statement of the Planning Committee to the effect that events in Europe must not be allowed to divert the attention of the American people from the task of strengthening our democracy from within, and that the needs of childhood require particular attention at the present time."

The Committee on Organization of the White House Conference on Children in a Democracy has been enlarged by the addition of Clifford G. Grulee, M. D., Mrs. Saidie Orr Dunbar, and the vice chairmen of the conference. The chairman of the Committee on Organization is Fred K. Hoehler and the vice chairman is Dr. George F. Zook.

A small program committee, which the Committee on Organization has been authorized to appoint, will work with the conference staff in planning the program for the January session of the conference.

Since the initial session of the conference, which was held on April 26, 1939, the staff and Report Committee have gathered together material from which a report will be prepared for presentation to the members of the conference before the January session. In this process many group meetings and individual consultations on various subjects have been held.

Recent Documentary Material

Report of Juvenile Court of District of Columbia

A report covering the work of the Juvenile Court of the District of Columbia from July 1, 1931, to June 30, 1938, submitted by Fay L. Bentley, Judge of the Juvenile Court, has been printed as House Document No. 420 (76th Cong., 1st sess.).

This covers the 7 years that concluded the court's history as a criminal court. The new juvenile-court law, which changed the proceedings to those of chancery, went into effect on June 2, 1938.

Preliminary report on national health program

"Establishing a National Health Program" is the title of the preliminary report on S. 1620, submitted by Senator Murray from the Committee on Education and Labor (S. Rept. 1139, 76th Cong., 1st sess.).

The first part of the report, on the need for a national health program, summarizes opportunities for improvement of health through reductions in tuberculosis, in venereal diseases, and in infant and maternal mortality; through extension of medical care for children and protection of workers from industrial diseases and hazards. Rural health needs and needs for public-health service, general hospital facilities, mental-disease hospitals, and tuberculosis hospitals are described. The causes of inadequate health service and the need for Federal action are pointed out.

The second part of the report contains an analysis of the principles underlying the bill and the principal provisions of the bill.

Social Security Board issues compilation of law

This material, entitled "Compilation of the Social Security Laws," has been compiled for convenient reference purposes (Social Security Board, Washington, 1939, 92 pp.). It includes the Social Security Act amendments of 1939 and other enactments of the Seventy-sixth Congress, 1st session. The original Social Security Act is printed in roman, and the new provisions are in italics. Parts 1, 2, and 3 of title V, which are administered by the United States Children's Bureau, appear on pages 29–36.

BOOK NOTES

GRACE ABBOTT: A SISTER'S MEMORIES, by E. A. *Social Service Review*, vol. 13, no. 3 (September 1939), pp. 351–407.

The work of Grace Abbott in the United States Children's Bureau, first as Director of the Child Labor Division, and later as Chief of the Bureau, is only a part of the memories covering a period of nearly 60 years recorded here by her sister. Here are combined the understanding and insight of professional association and the careful documentation of the scholar, illumined and humanized by close family relationship.

This article has been reprinted in pamphlet form with the addition of notes and comments from various sources by the editors of the *Social Service Review*.

THE INFLUENCE OF FEDERAL AND STATE MAXIMUMS ON GRANTS APPROVED FOR AID TO DEPENDENT CHILDREN IN 1937–38, by John M. Lynch. *Social Security Bulletin*, vol. 2, no. 8 (August 1939), pp. 7–14.

A comparison of grant distribution for aid to dependent children with Federal and State maximums during 1937–38 shows that almost half the families receiving the grants in the group of 40 States that had approved plans were receiving amounts equal to or greater than the maximum amount for which Federal matching funds are available—$18 a month for the first child and $12 for each additional child in the same home. Twelve States set this amount as the upper limit for grants. The author believes that in most of these States a large proportion of the grants were lower than they would have been in the absence of existing limitations. The tendency for grants to cluster about the maximum amounts permitted by State laws was found to be characteristic likewise of the distributions in the 8 States that limit monthly payments to amounts other than the maximum for Federal participation. More than a third of the grants approved in the 20 States without maximum limitations on payments were above the limitations on Federal participation, and in Massachusetts and New York the proportion was more than four-fifths.

When the distribution of grants by size of family is considered it appears that the proportion of families receiving grants equaling or exceeding the Federal maximum decreases with the size of the family. Apparently the 40 States as a group found it more difficult to meet the needs of small families than of large families within the maximum set by the Federal act.

CHILDREN WITH DELAYED OR DEFECTIVE SPEECH; motor-kinesthetic factors in their training, by Sarah M. Stinchfield and Edna Hill Young. Stanford University, Calif. 1938. 174 pp. $3.

Because of the frequency with which children with delayed speech and difficulties in learning to read, write, and spell have been referred to nursery schools in Los Angeles with which Dr. Stinchfield is associated and the frequency of speech defects in the speech clinics under her direction, a special study of the underlying causes, conditions, and remedial measures was undertaken. In this volume the results are made available to other investigators encountering similar problems.

Many children retarded by speech defects, states Dr. Stinchfield, the author of part 1, are neither totally deaf nor mentally deficient and make rapid progress once their liberation through speech is brought about. Her analysis of factors that may be involved in delayed speech development is documented by reference to published studies in the field.

In part 2, Practical Therapy, Mrs. Edna Hill Young describes the practical therapy of speech correction developed at the Hill-Young School in Los Angeles. The value of specialized motor-kinesthetic training to help children 12 to 36 months of age to acquire correct speech habits is described.

Because of the emotional imbalance that develops when a child is unable to make himself understood, a correct psychological approach to the child is stressed. A person qualified to train a child in speech movements must also understand the elemental speech sounds, the speech mechanism, the ways in which muscles must act to produce the various sounds, and methods of stimulating the child to make these movements. One chapter deals entirely with word patterns. Several series of photographs are given showing the trainer's hand helping the child to produce a given sound.

TREATMENT OF CHILDREN IN FOSTER HOMES, by John P. Scott, M. D. *Pennsylvania Medical Journal*, vol. 42, no. 9 (June 1939), pp. 1047–1049.

Ten years' experience of the Philadelphia Home for Infants in caring for children through foster homes rather than in an institutional building is summarized here. Beginning with children who needed foster-home care because their own mothers were incapacitated, the managers gradually branched out into convalescent care for children from hospitals. They found that foster-home care made it possible to shorten the stay in the hospital, and they have gradually undertaken to place more serious cases and have received them at an earlier stage of convalescence, as they have found how safely this could be done with suitably trained foster mothers. Altogether 441 children have received 476 admissions to care.

The author concludes that "most children can be restored to perfect health in foster homes without danger of exposure to virulent infections present in hospitals. Respiratory disorders are minimized and accidents are infrequent because the foster parents are on their mettle to prevent them. Children are started in good habits of eating and sleeping and receive the affection which gives them a feeling of happiness and security. In addition, they receive the educational advantages afforded by a home usually superior to that from which they have come.

"Many children admitted to hospitals for illness and malnutrition could be adequately handled in foster homes with greater safety and at a lesser cost."

EMPLOYMENT PROBLEMS OF MINORS

Child-Labor Legislation in 1939

Although during 1939 the legislatures of 44 States met in regular session, advances in child-labor legislation have not been widespread, and in some instances laws to reduce child-labor standards were passed. In a few jurisdictions, however, real advances have been made which more than offset the reactionary steps.

The most important changes in the jurisdictions in which advances occurred consisted in the further extension of the basic minimum age of 16 years for general employment, in extending protection for minors in hazardous occupations, and in strengthening compulsory-school-attendance and hours-of-labor standards. West Virginia revised both its child-labor and its compulsory-school-attendance laws. Massachusetts amended its law regulating school attendance and the employment of children under 16 and strengthened hours-of-labor standards for minors. Hawaii, which had no child-labor regulation except a limitation on hours of work, passed an act setting up a department of labor and industrial relations, which included provisions relating to minimum age, hours of labor, and employment certificates. Alaska, in adopting a minimum-wage law, established for the first time in that Territory a minimum age for employment, although its application is restricted to girls. Florida passed a new school code, based on recommendations of the State School Code Commission, which includes provisions strengthening materially compulsory-school-attendance standards and providing improved procedures for the issuance of employment certificates.

No significant Federal legislation affecting labor standards for minors was passed at the first session of the Seventy-sixth Congress (January 3-August 5, 1939).

The more important changes made in State legislation during 1939 are summarized below.

Minimum Age and Hazardous Occupations

Massachusetts, West Virginia, Hawaii, and Alaska adopted a basic minimum age of 16 years for general employment.

Massachusetts raised its 14-year minimum age to a basic 16-year minimum age but still permits the employment of children between 14 and 16 under limited conditions. The coverage of the minimum-age provision was extended to pool and billiard rooms and also to all stables, except those on a farm, instead of to public stables only. In contrast to these advances theatrical performances were entirely exempted from the minimum-age provision in Massachusetts, so that a child of any age may appear under certain conditions in a play or a musical comedy in a theater.

In West Virginia, where the basic minimum age was formerly 14 years, a basic minimum age of 16 for employment results from a combination of the amendments to the child-labor and compulsory-school-attendance laws. The revised West Virginia child-labor law strengthened the protection afforded minors from employment in hazardous occupations by raising the minimum age from 16 to 18, by extending the list of named prohibited occupations, and by prohibiting employment under 18, instead of under 16 as formerly, in any occupation determined by the State Commissioner of Labor, the State Commissioner of Health, and the State Superintendent of Free Schools, after hearing, to be dangerous or injurious.

Hawaii established a 16-year minimum age for work in any occupation during school hours or at any time in factories or in connection with any power-driven machinery or in any occupations determined after hearing by the Commission of Labor and Industrial Relations of Hawaii to be hazardous; children between 12 and 16 may work outside school hours in nonfactory and nonhazardous employment. Work in the sale or distribution of newspapers and in agricultural or domestic service in connection with the minor's own home is exempted.

Alaska, in adopting a minimum-wage law for women, included a 16-year minimum age for girls in any mercantile or industrial business.

Mass., Laws of 1939, chs. 461 and 193; Alaska, Laws of 1939, ch. 80; W. Va., Laws of 1939, H. B. 234, S. B. 229; Hawaii, Laws of 1939, S. B. 185 (Revised Laws 1935, ch. 259B).

HOURS OF LABOR AND NIGHT WORK

Legislation regulating hours of work of minors was passed in a number of jurisdictions. West Virginia passed a law reducing its maximum 48-hour week for children under 16 years of age to 40 hours a week and retaining its former 8-hour day and 6-day week. Agricultural work and domestic service were exempted as formerly. This same standard was adopted by Hawaii. The laws passed by Hawaii and West Virginia require lunch periods of at least 30 minutes, following not more than 5 hours of continuous work, to be provided for minors; in West Virginia this applies to minors under 16 years of age and in Hawaii, to those under 18 years of age. Night work is also prohibited for minors under 16 years of age in these two jurisdictions. In Hawaii work is prohibited between 6 p. m. and 7 a. m., but these hours may be varied in the discretion of the Commission of Labor and Industrial Relations where such variation is not detrimental to the health or well-being of such minors. The standard adopted by West Virginia is lower than that which prevailed under the former child-labor law, night work now being prohibited for 9 night hours (between 8 p. m. and 5 a. m.) instead of for 11 night hours (between 7 p. m. and 6 a. m.).

In Alaska the hours of female household or domestic employees were limited to 60 hours a week.

Several provisions affecting hours of minors were passed in Massachusetts. One law provides that where the work of minors under 16 is not continuous but is performed during two or more periods, the maximum 8-hour day shall fall within a spread of 9 hours. Another law extends the coverage of the 9-hour day, 48-hour week for women and minors to the following additional establishments: Private clubs, offices, letter shops, financial institutions, theaters, places of amusement, and garages. A third law reduces the maximum 10-hour day and 54-hour week for boys under 18 years of age and girls under 21 years of age in specified occupations to a 9-hour day and 48-hour week. If the minor's work in employments for which there is a maximum 9-hour day is performed in two or more periods, such periods must fall within a 10-hour spread. The night-work prohibition for girls under 21 and boys under 18 was strengthened, night work now being prohibited between 10 p. m. and 6 a. m. instead of between 10 p. m. and 5 a. m.

W. Va., Laws of 1939, H. B. 234; Hawaii, Laws of 1939, S. B. 185 (Revised Laws 1935, ch. 259B); Alaska, Laws of 1939, ch. 80; Mass., Laws of 1939, chs. 352, 377, 255.

EMPLOYMENT CERTIFICATES

Laws affecting the issuance of employment or age certificates were passed in Connecticut, Massachusetts, Florida, West Virginia, and Hawaii.

In Connecticut the requirement for the issuance of certificates of age was clarified. Certificates are required for minors under 18 in occupations for which there is a minimum age of 16 and are required for minors 18 or over in hazardous occupations for which there is a minimum age of 18.

In Florida the new school code which was adopted includes detailed provisions regarding the issuance of employment certificates for minors under 16 and certificates of age for minors 16 and over. Certificates are to be issued under the supervision of the State department of education.

Massachusetts amended its law relating to employment certificates to provide that certificates for children under 16 may be issued only for special types of employment; that is, for children between 14 and 16 who are attending cooperative courses or working in agriculture or domestic service or whose welfare, in the discretion of the superintendent of schools, will be better served through the granting of such permits.

Hawaii also made provision for the issuance of employment certificates for minors under 16.

In Pennsylvania the provision permitting children to leave school at 15 years of age on a special permit for agriculture or domestic service was amended so as to permit the issuance of a special permit to children 14 years of age if they have completed the highest grade of the elementary school in the public-school system of the district in which they reside and if the reason for the issuance of such permit is approved by the Pennsylvania State Superintendent of Public Instruction.

Conn., Laws of 1939, ch. 236; Fla., Laws of 1939, S. B. 25; Mass., Laws of 1939, ch. 461; Hawaii, Laws of 1939, S. B. 185 (Revised Laws 1935, ch. 259B); Pa., Laws of 1939, Act No. 352.

COMPULSORY SCHOOL ATTENDANCE

In the field of compulsory school attendance, five States strengthened their compulsory-school-attendance standards, and one State lowered its standards.

West Virginia passed a new compulsory-school-attendance law which, although not raising the present upper age of 16 for compulsory school attendance, greatly strengthened the act by restricting the exemptions permitted from school attendance.

In Florida the new school code strengthened compulsory-school-attendance standards. Although the upper age for compulsory school attendance was left at 16, these provisions were correlated with the child-labor law through the elimination of many of the exemptions permitted under the former compulsory-school-attendance law. North Carolina, which requires attendance only up to 14 years of age, adopted an act raising the upper age for compulsory school attendance to 16 in Buncombe County, the county in which Asheville is situated.

Georgia made more effective its penalty for violation of the compulsory-school-attendance law by making possible the imposition of a jail sentence as well as a fine.

In Texas the law formerly required attendance of children between 7 and 16 years of age for 120 days. This law was rectified to require attendance 120 days each year.

In Pennsylvania the 18-year upper age limit for compulsory school attendance, which would have become effective in September 1939, was reduced to that already in effect—17 years. The minimum annual school term of 180 days for public elementary and high schools in all districts, which would have become effective July 3, 1939, was amended so that a term of 160 days was provided for public elementary and junior high schools in fourth-class districts until the beginning of the school year 1941-42. For these particular districts the existing standard is continued.

In addition Wisconsin passed a law requiring that certain children excused from school to help at home attend continuation school on the same basis as children employed elsewhere. Previously all children between 16 and 18 employed at home were required to attend continuation school on a half-time basis. Under the 1939 amendment this requirement is reduced to 8 hours a week for a child between 16 and 18 who has no parents or not more than one parent living at home, in case the child must remain at home to maintain the household.

W. Va., Laws of 1939, S. B. 229; Fla., Laws of 1939, S. B. 25; N. C., Laws of 1939, S. B. 343; Ga., Laws of 1939, Governor's Act No. 215; Tex., Laws of 1939, H. B. 652; Pa., Laws of 1939, Act No. 352; Wis., Laws of 1939, ch. 193.

STREET TRADES

In the field of street trades one important advance was made in Massachusetts. The street-trades law, formerly limited in application to cities of 50,000 or more population, was made State-wide. For work during school hours in street trades the minimum age is 16, unless the boy is 12 or over and has a permit issued only after the local superintendent of schools has determined that the child's best interests will be served by such issuance.

Mass., Laws of 1939, ch. 461.

APPRENTICESHIP

Four States—California, Minnesota, Nevada, and North Carolina—passed laws setting up systems for voluntary apprenticeship training under State-approved agreements. In Massachusetts the temporary commission on apprentice training established in 1938 was continued until December 1, 1941. Since the development of standards for voluntary apprenticeship legislation by the special committee appointed by the Secretary of Labor in 1937 for this purpose, nine States have adopted laws providing for voluntary apprentice training. Eight States have placed administration in the labor department: the five States mentioned and Arkansas, Louisiana, and Virginia. One State, Colorado, in adopting apprenticeship legislation in 1937 placed the administration of the law in the State board for vocational education. At the time the Secretary's committee was appointed only two States—Wisconsin and Oregon—had established systems for voluntary apprenticeship under State-approved agreements.

Conn., Laws of 1939, ch. 276; Maine, Laws of 1939, ch. 363; Nev., Laws of 1939, ch. 192; N. C., Laws of 1939, ch. 229; Mass., Laws of 1939, ch. 471.

INDUSTRIAL HOME WORK

Three States and Puerto Rico adopted legislation relating to industrial home work. California, West Virginia, and Puerto Rico adopted new acts for the regulation of industrial home work, whereas Massachusetts amended existing legislation.

The California law provides that no person may be engaged in home work until he obtains a home worker's certificate, and no certificate may be issued to a person under 16 except as provided in the school law. This provision in effect sets up the same conditions for the issuance of a home worker's certificate as exist for the issuance of permits for other work, namely, a minimum age of 15 during school hours and 14 outside school hours.

In Massachusetts the minimum age for the issuance of a certificate to an industrial home worker has been raised from 14 to 16 years. The Puerto Rico law also includes a provision that no person under 16 may engage in industrial home work.

Calif., Laws of 1939, ch. 809; W. Va., Laws of 1939, H. B. 233; Mass., Laws of 1939, ch. 461; Puerto Rico, Laws of 1939, Act 163.

MINIMUM WAGE

Six States—Connecticut, Maine, Massachusetts, Minnesota, Nevada, New York—and the Territory of Alaska passed minimum-wage legislation.

Alaska and Maine adopted minimum-wage legislation for the first time. The Alaska law provides a minimum wage of $18 for a 6-day week of 48 hours for women 18 years of age or over. Minimum wages are not provided for girls under 18. The Maine act provides for the establishment of minimum wages for women and minors in the packing of fish and fish products.

Connecticut repealed its minimum-wage law and passed a new act similar to the former one but applying to all employees instead of to women and minors only.

In the four remaining States the legislation passed amended existing minimum-wage laws.

Conn., Laws of 1939, ch. 276; Maine, Laws of 1939, ch. 289; Mass., Laws of 1939, ch. 275; Minn., Laws of 1939, ch. 186; Nev., Laws of 1939, Senate 24; N. Y., Laws of 1939, ch. 499; Alaska, Laws of 1939, ch. 80.

COMPENSATION FOR MINORS UNDER WORKMEN'S COMPENSATION ACTS

In two States the status of minor workers who are injured in the course of their employment was improved, while in one State their position was made less favorable.

The workmen's compensation law recently adopted in Arkansas applies to all minors whether legally or illegally employed. A minor who is injured is to receive the same compensation if he is illegally employed as if he were legally employed.

In Maryland the provision in the workmen's compensation act for the payment of extra compensation in case a minor is illegally employed with the knowledge of the employer was amended so as to delete the requirement that the employer shall have knowledge of the illegal employment before extra compensation can be paid.

In Pennsylvania as a result of amendments to the Workmen's Compensation Act the additional compensation payable in case of injury to minors illegally employed was lowered from 100 percent to 10 percent. The provision permitting compensation for minors to be computed upon the basis of their probable future earnings was also deleted from the Pennsylvania law.

Ark., Laws of 1939, Act 319; Md., Laws of 1939, ch. 571; Pa., Laws of 1939, Act 281.

State Cooperation Under the Fair Labor Standards Act of 1938

Seven States and one Territory passed laws authorizing State cooperation in the administration of the Federal Fair Labor Standards Act. These are California, Montana, New Hampshire, Oregon, North Carolina, South Carolina, Vermont, and Hawaii. Practically all these laws follow the recommendations of the National Conference on Labor Legislation that met in Washington in November 1938. They provide for cooperation with the Children's Bureau and the Wage and Hour Division of the United States Department of Labor and also for acceptance of reimbursement for the reasonable cost of their assistance. In addition to these seven States, West Virginia authorized its county attendance directors to cooperate with State and Federal agencies charged with the enforcement of child-labor laws.

Calif., Laws of 1939, ch. 44; Mont., Laws of 1939, ch. 56; N. H., Laws of 1939, House 270; Oreg., Laws of 1939, ch. 255; S. C., Laws of 1939, Governor's Act No. 170; Vt., Laws of 1939, House 4; Hawaii, Laws of 1939, S. B. 185 (Revised Laws 1935, ch. 259B).

Advisory Committee on Occupations Hazardous for Minors

The Advisory Committee on Occupations Hazardous for Minors, appointed by the Secretary of Labor to advise the Children's Bureau concerning the development of general policies affecting the administration of the hazardous-occupations provisions of the Fair Labor Standards Act of 1938, held its first meeting in Washington on October 13, 1939.

At this meeting the committee reviewed plans regarding the occupations to be studied and the methods of procedure.

The following statement on occupations hazardous for minors was adopted by the committee, of which Cyril Ainsworth, assistant secretary of the American Standards Association, is the chairman:

The committee has studied the terms of section 3 (1) (2) of the Fair Labor Standards Act and believes that the following principles should govern the Children's Bureau in carrying out this provision:

(1) That occupations particularly hazardous or detrimental to the health or well-being of workers in general are also particularly hazardous or detrimental to the health or well-being of minors under 18 and should be given consideration as rapidly as possible.

(2) That other occupations not particularly hazardous or detrimental to the health or well-being of adult and experienced workers may have particular hazards for minors under 18, or be detrimental to their health or well-being. Among such occupations are those requiring a degree of muscular coordination, stability, maturity of judgment, or resourcefulness in meeting emergencies not usually characteristic of young workers, and those occupations which are

inhibitory or injurious to growth or development. The Children's Bureau should proceed to a study of the pertinent facts and determine these occupations as rapidly as possible.

It is understood that determinations will be based upon careful review of such factual material as is available or can be assembled, practical experience, and expert opinion.

Hearing on Employment of Minors on Motor Vehicles

Notice of hearing on a proposed finding and order relating to the employment of minors between 16 and 18 years of age as motor-vehicle drivers or helpers under the Fair Labor Standards Act of 1938 has been given by the Chief of the Children's Bureau. At the hearing, set for October 27, 1939, parties interested in the proposed finding and order have the opportunity to appear and be heard.

An investigation of the hazards for minors between 16 and 18 years of age in employment as motor-vehicle drivers or helpers has been made by the Children's Bureau pursuant to the authority conferred by the Fair Labor Standards Act of 1938 (section 3*l*) and to the regulations prescribing procedure governing determinations of hazardous occupations. This investigation shows that—

1. Work on motor vehicles involves a high degree of accident risk for persons of all ages, a risk which is particularly high in the case of young persons, who are lacking in the experience and in the caution required for safety in motor-vehicle operation.

2. Workmen's compensation experience generally shows for the occupational classifications representing motor-vehicle drivers and helpers a compensation cost higher than the average for manufacturing classifications.

3. The opinion of experts in motor-vehicle safety and of others having practical experience in the field of motor-vehicle operation who were consulted in the course of the investigation is that employment as driver or as helper on motor vehicles is especially hazardous for young persons.

4. Motor-vehicle drivers between 16 and 18 years of age have been found to be involved in a larger number of fatal accidents in proportion to miles driven than drivers in any older age group. In a study covering fatal accidents within a 5-year period in one State the fatal-accident rate was found to be nine times greater for 16-year-old drivers and six times greater for 17-year-old drivers than for those 45 to 50 years of age, the age group with the lowest fatal-accident rate.

5. Under many industry codes adopted pursuant to the National Industrial Recovery Act the work of motor-vehicle drivers and helpers was listed as a hazardous occupation and as such was prohibited for minors under 18 years of age.

6. Acting pursuant to the authority conferred upon it by the Motor Carrier Act of 1935, the Interstate Commerce Commission has established as necessary for safety a minimum age of 21 years for motor-vehicle drivers, in regulations applicable to common carriers and contract carriers engaged in interstate commerce. An examiner for the Commission has recommended, after investigation and public hearing, that the same minimum age for motor-vehicle drivers be applied, with certain exceptions not here material, to private carriers engaged in interstate commerce.

7. State legislation, which reflects public recognition of the special hazards incident to the driving of motor vehicles by young persons, has established the following standards:

> (*a*) In each of the States and the District of Columbia there is a legal minimum age for drivers of motor vehicles which is higher than that for general employment, the legal minimum age for drivers being applicable to (1) all persons operating motor vehicles, or (2) persons operating motor vehicles as employees, or (3) persons operating motor vehicles for common, contract, or private carriers.
>
> (*b*) In 28 States and the District of Columbia there is a minimum age of at least 18 years applicable to (1) all persons operating motor vehicles or (2) persons operating motor vehicles as employees.

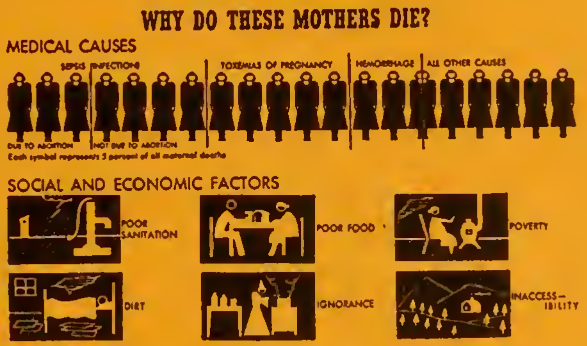
8. A minimum age of 18 years or higher for the employment of motor-vehicle drivers and helpers has been adopted voluntarily as a general policy by many employers and by the branch of organized labor especially concerned with employment in this field.

It is expected that the proposed order, declaring the occupations of motor-vehicle driver and helper particularly hazardous for the employment of minors between 16 and 18 years of age, is to become effective on January 1, 1940.

CONFERENCE CALENDAR

Nov. 5–11	American Education Week. Theme: Education for the American way of life. Folders, posters, leaflets from National Education Association, 1201 Sixteenth St. NW., Washington, D. C.
Nov. 9	National Committee for Mental Hygiene. Thirtieth annual meeting, Rockefeller Center, New York. Headquarters: 50 West Fiftieth St., New York.
Nov. 16–18	American Academy of Pediatrics. Annual meeting, Netherland Plaza Hotel, Cincinnati. Secretary: Dr. Clifford G. Grulee, 636 Church St., Evanston, Ill.
Nov. 17–18	Child Study Association of America. Two-day institute, Hotel Roosevelt, New York. Theme: Controversial areas in today's thinking about children. Headquarters: 221 West Fifty-seventh St., New York.
Nov. 21–22	American Public Health Association. Eighth annual meeting of Southern Branch, Memphis.
Nov. 21–24	American Society of Tropical Medicine. Memphis, Tenn. Secretary: Dr. E. Harold Hinman, Wilson Dam, Ala.
Nov. 21–24	Southern Medical Association. Thirty-third annual meeting, Municipal Auditorium, Memphis, Tenn. Permanent headquarters: Empire Building, Birmingham, Ala.
Nov. 24–26	American Association for Applied Psychology. Meeting of sections on clinical, educational, consulting, and industrial psychology, Wardman Park Hotel, Washington, D. C. Executive secretary: Dr. H. B. English, Ohio State University, Columbus, Ohio.
Dec. 4–8	American Farm Bureau Federation. Twentieth anniversary meeting, with agricultural educational exhibit, Stevens Hotel, Chicago. General offices: 50 East Washington St., Chicago.
Dec. 5–7	Southern Surgical Association. Augusta, Ga. Secretary: Dr. E. Alton Ochsner, 1430 Tulane Ave., New Orleans.
Dec. 6–9	American Vocational Association. Annual convention, Grand Rapids, Mich.
Dec. 6–10	American Public Welfare Association. Round table and annual meeting, Washington, D. C. Headquarters: 1313 East Sixtieth St., Chicago.
Dec. 9	Association for Arts in Childhood. Annual fall reading conference, held jointly with New York University, New York. Theme: Use of radio in the classroom and its relation to more and better reading.
Dec. 27–29	American Economic Association; American Sociological Society; and allied groups. Annual meetings, Philadelphia.
Dec. 27–30	American Statistical Association. Annual meeeting, Philadelphia. Secretary: F. F. Stephan, 1626 K St. NW., Washington, D. C.
Dec. 27–Jan. 2	American Association for the Advancement of Science. Annual meeting, Columbus, Ohio. Secretary: F. R. Moulton, Smithsonian Institution Building, Washington, D. C.
Feb. 21–24	American Council of Guidance and Personnel Associations. St. Louis, Mo.
Feb. 21–24	National Vocational Guidance Association. Coronado Hotel, St. Louis, Mo.

U. S. GOVERNMENT PRINTING OFFICE: 1939



From Better Care for Mother and Child, a 20-page leaflet published by the U. S. Children's Bureau, Washington, which shows in pictorial statistics what the Children's Bureau, the State health departments, and the local communities are doing to make motherhood safer and what can be done to prevent maternal and infant deaths and stillbirths.

CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

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UNITED STATES DEPARTMENT OF LABOR

FRANCES PERKINS, SECRETARY

Published under authority of Public Resolution No. 57, approved May 11, 1922 (42 Stat. 541), as amended by section 307, Public Act 212, approved June 30, 1932 (47 Stat. 409). This publication approved by the Director, Bureau of the Budget, May 12, 1936.

THE CHILD

Monthly News Summary

olume 4, Number 6 December 1939

9331.3 A7

CHILDREN'S BUREAU
U.S. DEPARTMENT OF LABOR – WASHINGTON, D.C.

THE CHILD MONTHLY NEWS SUMMARY

Volume 4, Number 6 December 1939

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For sale by Superintendent of Documents, Government Printing Office, Washington, D. C.
Subscription price $1 a year; 10 cents a copy; postage additional outside the United States

SOCIAL WELFARE OF CHILDREN

Some Brighter Aspects of the Child-Welfare Picture

By Frances Perkins
Secretary of Labor

At this time of year children more than ever occupy the center of attention. As members of communities in which children live, as citizens of a democracy which seeks to provide for children the security and opportunity which they need, as officials of public and private agencies administering services for mothers and children, it is fitting that we pause at this season to inquire what benefits our joint endeavors have brought to the children of the Nation.

As we take stock of what the past year has meant to the younger generation of our own country, we think with a tightening of the heart of the sufferings of parents and children in other lands for whom the words, "peace on earth, good will toward men," have lost their meaning and for whom this Christmas season represents only separation or deprivation.

Childhood seems doubly precious during this troubled period. It is imperative that we redouble our efforts to make life for children more secure; that we strengthen the foundations already laid; that we endeavor to build a superstructure which will increase their chances for growth and development in a world which will place heavy burdens upon them.

One thing that comes to mind as we consider this situation is the recommendation made by the Planning Committee of the White House Conference on Children in a Democracy to the effect that "events in Europe must not be allowed to divert the attention of the American people from the task of strengthening our democracy from within."

"In such a time as the present," the committee said, "the needs of childhood require particular attention. Despite international problems, the responsibility for meeting the continuing needs of the children must be accepted. It cannot be postponed."

Acting on this recommendation, let us consider what has been done during the past year to help meet "the continuing needs of the children." And while admitting that there are still grave and urgent needs to be met, let us seek encouragement for the task ahead by reviewing the progress that has been made, by pausing for a moment to dwell on the bright spots for which we have cause to be thankful.

Fortunately there *are* bright spots in a picture which the world situation otherwise renders dark and full of foreboding.

At this season of the year attention centers on the homes of the Nation and on the children in these homes.

First of all we draw encouragement from the fact that more mothers survive today to make homes for their children. The maternal mortality rate for the United States as a whole in 1937 (the latest year for which final census figures are available) was 49 per 10,000 live births.

U. S. SUPER
JAN 15 1940

If the 1936 rate of 57 had remained unchanged there would have been 1,746 more maternal deaths in 1937 than there were.

The Conference on Better Care for Mothers and Babies, meeting in Washington in January 1938 under the auspices of the Children's Bureau, focused national attention anew on the serious problem of the Nation's still high maternal mortality rate and the high death rate of infants in the earliest period of life. Provisional reports for 1938 issued by the United States Public Health Service and based on figures from 42 States indicate that the maternal mortality rate dropped to 44. And provisional figures just released, based on reports from 40 States for the first 6 months of 1939, indicate a new low rate of 40 per 10,000 live births. If this is confirmed by the final figures, it will be a decline of 18 percent since 1937.

A significant saving of infant life is also reported. The 1937 rate for the United States was 54 per 1,000 live births. The provisional rate for 1938 is 51. In publishing the provisional rate of 50 for 40 States for the first 6 months of 1939 the United States Public Health Service says: "The infant mortality rate registered a drop of 2 percent and will be less than 50 per 1,000 live births for the first time in the history of the registration area if the present favorable conditions continue until the end of the year."

The effects of work in the field of maternal and child health are cumulative, and many groups, agencies, and influences have helped to bring about these achievements. But it is significant that this encouraging decline in the death rates of mothers and infants has accompanied the Nation-wide effort now being carried on as the result of programs for maternal and child-health services set up in the States and Territories under title V of the Social Security Act.

In 1938 through these programs 119,000 expectant mothers received medical examination and advice at clinics, and 236,000 received public-health-nursing care. Medical examinations were given to 165,000 infants, and their mothers were advised on infant care. Nursing services were given to 431,000 infants. There was a substantial increase over the previous year in all types of service given, and especially in the number of areas providing home-delivery-nursing service. Although figures for 1939 are not yet available it is known that maternal and child-health services reached more mothers and children than ever before.

In the light of this record it is encouraging to remember that Congress last August authorized increased appropriation for maternal and child-health services under the Social Security Act, and that the increased grants to States will begin to provide, on a demonstration basis, medical, nursing, and hospital care for some of the 200,000 mothers who, each year, bring babies into the world without a physician in attendance, and some of the even larger number who receive medical, nursing, and hospital care that is wholly inadequate.

It is also a source of deep gratification that the benefits of the maternal and child-welfare provisions of the Social Security Act are now to be extended to Puerto Rico, and that other amendments to the act increase the grants for care of crippled children and for aid to dependent children.

Since we have chosen to emphasize at this time the brighter aspects of the child-welfare picture, special mention must be made of progress in the field of child-labor administration. The first full year of operation of the Fair Labor Standards Act of 1938, which became effective in October of that year, has witnessed the establishment of successful cooperative relationships between State and local agencies and officials administering State labor laws and the staff of the Industrial Division of the Children's Bureau, through which the child-labor provisions of the act are administered. The operation of the act has demonstrated that child labor is not entirely a thing of the past and that it affords real protection to children under 16 who might otherwise be drawn in increasing numbers into industry with every upturn in the business barometer, as has been the case in the past. And since this act applies only to establishments manufacturing goods for shipment in interstate commerce, thus leaving large numbers of children outside the sphere of its operation, there is special cause for rejoicing in the fact that recent Supreme Court decisions have cleared the way for ratification of the child-labor amendment by the 8 additional States whose action is necessary before it can become a part of the Constitution.

Despite these milestones on the path of progress, we nevertheless remain conscious of the many inequalities which surround the lives of large numbers of children in these United States today. We are conscious of the lack of economic security in the family, which is the very cornerstone of the whole child-welfare structure. We are painfully aware of the inequality of resources made available by different communities to assist the American home in its creative task of bringing up future citizens. We have had brought home to us repeatedly the lack of opportunity for education which handicaps many of our young people. We know how difficult it is for older boys and girls to find jobs and so begin to take their place as citizens and to establish homes.

For guidance in solving some of these problems we look to the report of the White House Conference on Children in a Democracy, which was called into session by the President of the United States last April and which has been hard at work during the intervening months surveying the conditions which surround the lives of children in our country. The Report Committee of the Conference has held a number of meetings to consider preliminary statements prepared by the staff with the aid of consultants drawn from the membership of the conference. These statements cover such subjects as education, health, nutrition, recreation, social services, economic assistance, housing, child labor, vocational opportunity, minority groups, and others.

Since the President, acting on a recommendation made to him by the Planning Committee, has called the conference into session January 18–20, 1940, instead of in the spring as was originally proposed, the major recommendations of the conference will soon be available. As was pointed out by President Roosevelt, in his address to the opening session, "It then will be for all of us to determine the extent to which they will be translated into action."

Child-Welfare-Service Plans Approved for 51 Jurisdictions

On December 15, 1939, plans had been approved by the Chief of the Children's Bureau for child-welfare services under the Social Security Act for all 48 States and for Alaska, Hawaii, and the District of Columbia. The first plan for child-welfare services submitted by Wyoming was approved on December 4.

CHILD-WELFARE NOTES

Air Youth of America

The organization of Air Youth of America with headquarters at 30 Rockefeller Plaza, New York, has just been announced. The organizing committee consists of Winthrop Rockefeller, chairman, Sanford Bates, Col. Henry Breckinridge, Leon Fraser, Lester D. Gardner, and Luther Gulick. The executive director is Ernest Gamache.

The purpose of Air Youth of America, as described in its initial leaflet, First Flight, is "to strengthen the air arm of all kinds of youth-serving organizations. If a boys' club or girls' club, a playground group, a church league, a scouting unit—if any legitimate organization of young people is now doing work or wants to start work in junior aeronautics, Air Youth of America hopes to provide helpful service and hearty cooperation."

The program will center around the building and flying of model planes and the use of these activities to stimulate interest in the whole subject of developing aviation as a means of peaceful commerce and communication among the nations of the world.

It is planned to publish a monthly periodical, Air Youth Bulletin, an instructor's manual, and a contest handbook.

Bibliography of Nursery School Education

The National Association for Nursery Education has issued a Bibliography of Nursery School Education for the years 1935–39 (compiled by Dorothy E. Bradbury and Esther Leech Skeels; 71 East Ferry Ave., Detroit, 1939, 64 pp., 40 cents). Although this period is only one-fourth as long as that covered by the predecessor to this volume, it has produced half as many publications in this field as the longer period.

Education for minority groups

Studies pertaining to two minority groups in the country, Negroes and Indians, have recently been published by the Federal Advisory Committee on Education:

Special Problems of Negro Education, by Doxey A. Wilkerson (Staff Study No. 12, Advisory Committee on Education, Washington, 1939; 171 pp.; 25 cents), discusses the status of Negro education in the 18 States that require complete segregation of Negro school children and suggests measures for making the schools more nearly adequate.

Educational Service for Indians, by Lloyd E. Blauch (Staff Study No. 18, Advisory Committee on Education, Washington, 1939; 137 pp.; 25 cents), gives a brief history of the relationship between the Federal Government and Indians and the development and present status of schools for Indians. One chapter is devoted to the education of Alaskan Indians.

THE WORLD'S CHILDREN

British Act Regulating Placement of Children for Adoption

The need for supervision of agencies placing children for adoption is recognized in the Adoption of Children (Regulation) Act, 1939 (2 and 3 Geo. 6, ch. 27), which was recently passed by the British Parliament and comes into operation January 1, 1940. The county council is designated as the "registration authority," and placement of children for adoption is restricted to registered adoption societies and local authorities.

Under the new law no society shall be registered unless it gives reasonable evidence that it is a charitable association. The registration authority may refuse to register an adoption society if it appears that its activities are not controlled by a committee of responsible members or if the number of competent persons employed by the society is insufficient to carry on its activities.

The Secretary of State is empowered to make regulations governing the conduct of registered adoption societies in their dealings with persons wishing to have children adopted. Protection is afforded to parents or guardians by requiring that they be given a memorandum explaining the effect of adoption and their rights and duties in connection with an application for an adoption order. Furthermore, the case of every child proposed for adoption is to be considered by a case committee of the society, composed of not less than three persons, which is to make careful inquiries as to the child and the person adopting him so as to insure, as far as possible, the suitability of both.

A residence period of 3 months in the foster home is stipulated before application for an adoption order can be made by a foster parent residing in Great Britain, and at any time during this 3-month period either the society or the foster family may terminate the plan for adoption. The law further provides for removal of the child from the adoptive home unless he is adopted within the next 3 months.

One of the most important aspects of this new law is the protection it makes possible for children who, although not legally adopted, are called "adopted" by the persons with whom they are living. Children under 9 years of age who have not been placed by an agency and yet are living under a "de facto adoption" arrangement are subject to supervision by child-protection visitors from the "welfare authority." Notification must be sent to this authority of the arrangements under which the child is living, and if the conditions are found to be detrimental to the child he may be removed to a "place of safety."

The new act is described by the National Council for Maternity and Child Welfare in an editorial in *Mother and Child* (September 1939) as "a landmark in child-welfare history."

M. R. C.

France Adopts Measures To Encourage Large Families

Various measures designed to encourage an increase in the birth rate and to aid families are provided for in a French decree of July 29, 1939.

Birth premiums

On the birth of the first viable and legitimate child in a family, the mother is to receive a birth premium, provided the birth takes place within 2 years after marriage and the child is of French nationality. The premium is to be an amount equal to twice the father's monthly wage or salary, but not less than 2,000 francs.

Payment of the premium is to be made to the mother or, in case the mother is dead or incapacitated, to the father or other person caring for the child. If circumstances indicate that the premium may not be used for the good of the child, payment is to be made to a child-welfare agency or to a responsible individual. The cost of the birth premiums is met by the family-allowance funds for members of the funds; by the Government, national or local, for its employees; and by the National Government for persons not engaged in any occupation.

Family allowances

The decree also provides for family allowances for all heads of families. The system has been expanded gradually to new groups of workers and now covers all persons employed in industry, commerce, the liberal professions, Government employees, agricultural workers, and domestic servants, also persons working independently and employers of labor. Family allowances are paid in all cases from the family-allowance funds.

With the exception of the first child in a family, an allowance is to be paid to the head of the family for each child from birth to the end of the compulsory-school-attendance period, which is usually at the age of 14 years. If a child continues to attend school, however, or is placed in apprenticeship, or is disabled by a chronic illness, the allowance is continued to the age of 17 years.

The minimum allowance for a family with two children is equal to 10 percent of the average monthly wage of an adult man in the locality; for each succeeding child in the family an allowance of twice that amount is to be paid.

Payment of the allowance may be suspended for a maximum period of 1 month, if investigation reveals that the children are not being brought up under satisfactory conditions of hygiene.

Family aid

Persons who have permanent charge of one or more children of French nationality and who lack the necessary resources are entitled to family aid. This aid is to be given on application in the form of monthly payments varying from 25 to 50 francs. It is to be given for the first child in a family, and also in place of the family allowance payable for each child after the first. Except in the cases of widows or deserted or divorced women, this aid is not to be given to persons receiving family allowances or other forms of aid.

Family loans

In order to promote the back-to-land movement, loans varying from 5,000 to 20,000 francs, to be used exclusively for the purpose of buying agricultural implements or household articles, are to be made to young French citizens intending to be married and to devote themselves to farming or to some manual trade in a rural district. The loan is to be amortized in 20 semiannual installments with interest at 4½ percent.

The principal of the debt is reduced by one-half of 1 percent at the birth of the first child. The rate of the reduction increases sharply with the birth of each successive child until, at the birth of the fifth child, the balance of the debt is remitted.

The funds necessary for the loans are provided by the State, which also bears the cost of the remissions due to the birth of children.

Other provisions

The decree orders the Departments (territorial divisions of France) to organize measures against infant mortality and authorizes the Minister of Public Instruction to introduce medical supervision in specified boys' and girls' schools.

The decree also contains regulations in regard to maternity homes, abortions, adoptions, and the care of children who are born out of wedlock.[1]

Bulletin Législatif, Dalloz, No. 14, 1939, pp. 762–786.

Denmark Provides for Bureaus of Maternal Aid

Advice and aid to expectant mothers and mothers recently confined are to be given under a law of 1939 in Denmark which provides for the establishment in various parts of the country of special bureaus of maternal aid.

Women applying to the bureau will be given periodic physical examinations before and after childbirth; also advice and aid in legal and economic matters. Expectant mothers without means of support will be placed in maternity homes and later in an institution for mothers with young children. Efforts will be made to obtain employment for the mother in the institution or elsewhere.

The bureaus may also, within the limits of their resources, improve the situation of the mothers by providing obstetric care, the services of a visiting housekeeper, opportunity to rest after childbirth, advance payments of maternity benefits granted by the State, and through other measures.

In each place selected by the Minister of Social Welfare for the establishment of a bureau of maternal aid, the Prefect of the Province appoints an administrative council to establish the bureau and direct its work. These councils consist of public officials and representatives of child-welfare agencies and must include several women. A woman who is a trained social worker is to be in charge of each bureau, and a physician, a specialist in gynecology and obstetrics, must be on the staff.

The funds necessary for the administration of the law will be provided jointly by the national treasury and by the local administrative authorities.

A national body, the General Council on Aid to Mothers, will assist the Minister of Social Welfare in the administration of the law.[1]

Socialt Tidskrift, Copenhagen, No. 3, 1939, p. B16.

Italy Provides for Teaching Child Care in Schools

Teaching of child care is introduced by an Italian law of July 13, 1939, in high schools, normal schools, and various vocational schools, including conservatories of music and art schools. The instruction is to be given 1 hour a week, and each course is to consist of not less than 30 lessons, supplemented by visits to child-welfare institutions.

The teachers of child care will be pediatricians attached to clinics, hospitals, or universities, members of staffs of child-welfare institutions, physicians employed at the public child-health centers, and other physicians specializing in pediatrics.

The teachers are to be paid from an appropriation for the Ministry of Education. Their salaries are to be specified in a later decree.[1]

Bollettino Ufficiale, Ministero dell'Educazione Nazionale, Rome, Sept. 19, 1939.

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[1] Prepared by Anna Kalet Smith, associate in foreign research, U. S. Children's Bureau.

Child Welfare in China in Time of War[1]

The number of Chinese children who have lost their parents and homes must certainly be over 2 millions, as the total number of refugees is over 50 millions. By "refugees" is meant those whom the war has forced to leave their homes and proceed to places sometimes thousands of kilometers from where they were settled before the invasion. This migration—which is without precedent in history—of tens of millions of civilians is one of the outstanding features of the war imposed on China and gives some idea of the privation and suffering it inflicts and the problems it raises.

Realizing the immensity of their task, public authorities and private organizations have redoubled their efforts to mitigate the sufferings of the refugees—of the children in particular—difficult though it is to help all those in need of assistance. Every effort is being made to coordinate and rationalize relief work. Thanks to the combined action of the Government, the Provincial authorities, and private organizations, large numbers of children have been evacuated from the areas in which hostilities are proceeding. Although the evacuation has not yet been completed, it is felt now that the essential problem is to make arrangements for the more or less permanent settlement and education of the children who have been rescued.

Private Relief Organizations

The chief private relief organizations are the China National Child Welfare Association, founded long before the outbreak of the present hostilities, the China Wartime Children's Relief Association, and the China Wartime Children's Welfare Association. In addition to these three principal organizations, there are many religious or philanthropic associations—due to Chinese, foreign, or joint Chinese and foreign initiative—such as the International Relief Committee, the Chinese Red Cross, the International Red Cross, the National Christian Council, and many others, which have assisted in relief work since the outbreak of hostilities or shortly after. . . . Last year the various private organizations were responsibile for receiving, maintaining, and educating upwards of 30,000 refugee children. . . .

The private organizations, notwithstanding the important and far-reaching nature of their activities and the large staff at their disposal, experienced both material and technical difficulties. Good will was forthcoming on every side and useful activities were initiated, but better results would have been achieved had their activities been more rationally coordinated. The need was realized for some higher authority to ensure liaison between the various organizations and to direct them and provide facilities which only a Central Government organ is capable of supplying. It was in response to this need that the Chinese Government instituted the National Relief Committee.

National Relief Committee

The National Relief Committee was set up on April 27, 1938, under the terms of a recommendation passed at the first session of the People's Council. It is responsible for dealing with all problems concerning relief to refugees of all ages. It is not proposed here to refer to its duties or activities in the matter of adult refugees, as that would go beyond the scope of the matters which interest the Committee on Social Questions. It is clear, however, that the fate of refugee children who are still with their parents is closely bound up with the fate of the latter. The National Relief Committee, if it can find a solution for the problem of refugees in general, will *ipso facto* settle that of refugee children who have not been separated from their parents. But, over and above this task, it has the duty of caring for children who are refugees or orphans or who are separated from their parents.

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[1] Note communicated by the Delegate of the Chinese Government to the Advisory Committee on Social Questions. League of Nations, Information Series No. 16, Geneva, September 12, 1939.

The National Relief Committee has prepared a comprehensive plan of child-welfare work. It consulted the big private organizations and the Child Education Committee, and held a number of meetings with their representatives. At Hankow, one of the decisions taken in the course of these discussions was the geographical division of the activities of the private organizations. . . . The National Relief Committee, in addition to its work of coordination, makes itself responsible in particular for children evacuated to Provinces remote from the scene of hostilities.

The direct action of the National Relief Committee extends to the whole country. In areas where there are children to be evacuated, it opens central relief offices and sends agents. The central offices, assisted by local private and public organizations, receive the children and send them on to safer places. Owing to the great distances separating the areas in which children are received and those to which they are being sent, it is difficult to transport large numbers direct without doing the journey in stages. Centers have therefore been established at provisional halts in the intervening provinces, where the little refugees can stay for a time and rest before continuing their journey to their final destination.

But it is not enough to collect the children and send them on to distant provinces. Arrangements must also be made to look after them and educate them. With this object children's centers and homes have been established. The National Relief Committee has taken steps to open new ones and to improve those already in existence.

Acting on a suggestion of the Committee, the Central Government opened in the outskirts of Chungking, the temporary capital, an important center known as the Institution for the Care and Education of Refugee Children. The Government also instructed the Provincial authorities and private organizations to found similar centers in their various areas, according to the funds at their disposal.

Further, instructions applicable to all children's centers were drawn up by the National Relief Committee and published in regulations approved by the Council of Ministers on October 20, 1938. They consist of five parts:

(1) *Definition of children to be received in homes and length of their stay.*—These are children under 12 years of age without parents who can support them. They are kept in the homes until they can earn their living or can be admitted free to some school.

(2) *Objects in view in placing children in homes:*

(*a*) To see that the children grow up physically fit.

(*b*) To develop their good instincts and train their characters.

(*c*) To give them good civic training and make them good citizens.

(*d*) To give them a general education.

(*e*) To teach them a trade.

(3) *Methods and program of education.*—Special stress is laid on the importance of a collective, healthy, and industrious life. Children are divided into three categories, according to age and intellectual development.

The program for the oldest category of children provides for vocational training. According to the facilities at their disposal, the homes are required to teach gardening, care of animals, office work, or manual work—in short, some trade which will enable the children to earn their living.

(4) *Provisions for establishing and increasing the number of children's homes.*

(5) *Rules concerning supervision and the future development of child-welfare organizations.*

In order to make sure that these regulations are being enforced and to coordinate private activities, the National Relief Committee sends inspectors, who also give technical advice to the different local organizations. The Council of Ministers has adopted regulations regarding grants to private organizations.

The National Relief Committee has had under consideration a number of questions, such as the training of teachers for refugee children, the founding of special institutions for sick and backward children, and so on.

According to the most recent information, there are at present 100,000 refugee children being looked after by 71 Government, Provincial, local, and private organizations. Millions of Chinese dollars, obtained from public or private sources, have already been spent on this work.

Voluntary contributions from Chinese and foreign private persons have greatly assisted in the carrying out of this task. The cost of living being very low in China, about 60 Swiss francs [2] is sufficient to maintain and educate a child for 1 year. For orphans, steps are taken to find persons who would be responsible for the cost of one child or more for a definite period. Photographs of the orphans are sent to such persons to arouse a feeling of sympathy between them and the children they are supporting; and, if they wish, the home where the child has been placed arranges for the exchange of letters.

At the first session of the Committee on Social Questions the Delegate of the Chinese Government had occasion to speak of the propaganda organized by the Government in favor of child welfare and of the National Children's Day celebrated on April fourth every year. The propaganda has now been intensified, as funds are necessary to carry out successfully the task which has been undertaken.

This year, for instance, the National Children's Day was more enthusiastically celebrated than ever. At Chungking several thousand children attended a big ceremony with a very interesting program. Children's performances with child actors were heartily applauded. The little refugees were invited.

Children's gatherings were held on the same date in the other towns and aroused the greatest enthusiasm. All the schools organized festivities; children's songs and sketches were broadcast; the young refugees exhibited examples of their manual work; they were invited to free performances in theaters and cinemas. The Chinese living abroad also organized such demonstrations and took care to see that the celebrations were of a suitable character. In Malaya, for example, many gatherings were organized, and children's competitions were an important feature of the program.

This brief account of child-welfare activities in time of war is sufficient to show that, notwithstanding what may often seem insurmountable difficulties, China is not relaxing her efforts, but is doing everything to safeguard the future of her people, which depends on the well-being of her children.

It is worth recalling the saying of Confucius: "When children respect their parents and parents love their children, peace and order are maintained." This is the spirit that underlies child-welfare work in China.

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[2] $13.55 in September 1939.—*Ed.*

Children in a Democracy

The health, well-being, and future security of the children who will be the citizens of tomorrow are receiving the special consideration of the White House Conference on Children in a Democracy, which meets January 18–20, 1940, in Washington, D. C.

Who are these children? What are their needs, their backgrounds, their opportunities? Where do they live?

The children shown in the photographs that follow live in New Mexico, Washington (D. C.), New Hampshire, Iowa, Massachusets, Mississippi, West Virginia, Oklahoma, Virginia, and Connecticut. They live in cities, on farms, and in villages; in the mountains and on the seacoast.

Six photographs are reproduced by courtesy of the Farm Security Administration: Daughters of a Resettled Farmer (cover); Sons of a Resettled Farmer; Child in a Farm Home; On the Road—Restless and Insecure; Children in a City Street; and School Children With Boy Patrol.

Two photographs are reproduced by courtesy of the National Child Labor Committee: Child Laborers in a Shrimp Cannery and, in contrast, Apprentice Learning a Skilled Trade.

SONS OF A RESETTLED FARMER (above)

CHILD IN A SAFE PLAY AREA (left)

CHILD IN A FARM HOME (right)

ON THE ROAD—RESTLESS AND INSECURE (top)

IN THE SAFETY OF A HAPPY HOME (circle)

CHILDREN IN A CITY STREET (below)

CHILD LABORERS IN A SHRIMP CANNERY (top)

CHILDREN LEARNING THROUGH PLAY (center)

SCHOOL CHILDREN WITH BOY PATROL (right)

CHILDREN AT PLAY
(upper right)

INDIAN CHILDREN
(upper left)

APPRENTICE LEARNING A SKILLED TRADE
(lower left)

EMPLOYMENT PROBLEMS OF MINORS

Operation of Education Act Suspended by British Parliament

Emergency bills suspending the operation of the Education Act, 1936, in England and Wales and in Scotland were passed by Parliament on October 10, 1939, after a brief debate in the House of Commons. The Education Act provided for raising the school-leaving age from 14 to 15 years with exemptions for "beneficial employment," and was to have come into operation September 1, 1939. In presenting the emergency bill, which members of all parties reluctantly agreed was necessary in view of the evacuation of school children from the cities because of war conditions and in view of the lack of school accommodations, Mr. Kenneth Lindsay, representing the Board of Education, stressed the fact that it suspends the Education Act but does not repeal it. The suspension was admitted to be a backward step, the effect of which the Board of Education is attempting to counteract to some extent by setting up a new body called the National Youth Committee to safeguard the interests, both educational and recreational, of young workers between the ages of 14 and 18 years. Mr. Lindsay stated:

> Unless a more romantic and challenging view is given to the young people in this country, and more chances during those years, then we shall have a recurrence of delinquency and all the problems which have been referred to by honorable Members much older than I am. I was in the war and not here, but I know that those things happened. The committee reports of that time are eloquent of what happened. At any rate, we have started in the first month of the war and not after 2 years, and I hope that, as we have to postpone raising the school-leaving age, we can, at any rate, take steps to keep open the evening institutes and the clubs, and perhaps build up a new partnership, which has hitherto not existed, between the local education authorities and the juvenile organizations in order to look after the education and recreation of our young people.

An amendment was introduced by the Labor Opposition to make it possible to restore the Education Act when feasible as a "clear-cut raising of the school age to 15," without the weakening exemptions for beneficial employment.

This amendment was rejected.

One member (Sir Percy Harris) called on the Board of Education to "make it clear that education is not to be paralyzed at a time like this when it is so vital that the best training should be given to future generations." "If it is bad for the children who are evacuated," he said, "it is three times worse for the children left behind, who to this day are running wild about the streets of our great towns. . . . If we are to give them [the Board] this bill we have a right to demand that the children who are willing to remain at school up to the age of 14 should at least have some education."

Another member (Mr. Creech Jones) said:

> I am afraid that under this Bill, again, it will be the workers' children who will be called upon to make sacrifices, and this will be largely because of the pressure of certain of the reactionary authorities, as well as the necessity for the employment of child labor in the present emergency. . . . The tragedy of all this is that the children pass along this way only once, and what they lose now they lose forever. Instead of our regarding education as the natural heritage of all children, we are apt to regard it as something which they can have only if circumstances and finance enable it to be provided.

Parliamentary Debates, House of Commons, Official Report, London, vol. 352, no. 179 (Oct. 9, 1939), pp. 47–95; no. 180 (Oct. 10, 1939), pp. 253–267.

Resolutions of International Association of Governmental Labor Officials Affecting Child Labor

The Twenty-Fifth Convention of the International Association of Governmental Labor Officials was held in Tulsa, Okla., in September 1939. Resolutions adopted by the convention deal with child labor, minimum-wage laws, factory inspection, centralized administration of labor laws, the International Labor Organization, the protection of labor's rights in an emergency, labor relations, and extension of social security.

The report of the Child Labor Committee of the association was given by Beatrice McConnell, Director of the Industrial Division of the United States Children's Bureau. The convention adopted the following resolutions on child labor:

WHEREAS the report of the Committee on Child Labor has emphasized the desirability of uniformity in State child-labor standards and the effectiveness of Federal-State cooperation in the protection of young workers:

BE IT RESOLVED, that the International Association of Governmental Labor Officials reaffirm its support of—

(*a*) The amendment of State laws (1) to bring the State child-labor standards for manufacturing and mining industries up to those of the Fair Labor Standards Act; (2) to extend these standards to those types of employment not covered by the Fair Labor Standards Act; (3) to provide for employment certificates for all minors up to 18 years of age and for adequate supervision of the issuance of such certificates by the State Department of Labor; (4) to regulate effectively the employment of children in street trades and in industrialized agriculture; and (5) to extend State compulsory-school-attendance laws to all children under 16 years of age and to children between 16 and 18 years of age unless they are legally employed.

(*b*) The active cooperation of State labor departments with the Children's Bureau of the United States Department of Labor in the administration of the child-labor provisions of the Fair Labor Standards Act.

(*c*) An effective Nation-wide minimum standard for all child workers, to be attained through the ratification of the pending child-labor amendment by the necessary eight States.

(*d*) The development of more comprehensive State statistics on industrial injuries and industrial diseases of young workers, with a view to providing sound information as a basis for the determination of occupations hazardous for minors under both State and Federal legislation, *and*

BE IT FURTHER RESOLVED, that in view of the present European conflict and regardless of future development, every effort be made to maintain existing child-labor standards and to safeguard the rights of children to education, normal development, and sane living.

WHEREAS the child-labor provisions of the Federal Fair Labor Standards Act of 1938 provide that the Children's Bureau may reimburse the States for their assistance in the enforcement of the child-labor provisions, *and*

WHEREAS many States are operating on curtailed appropriations, which makes it impossible adequately to enforce this added burden without Federal assistance, *now therefore*

BE IT RESOLVED, that the Children's Bureau of the United States Department of Labor rush to completion rules and regulations which will enable them to assist the several States financially in the enforcement of the act above mentioned, *and*

BE IT FURTHER RESOLVED, that the chairman of this convention appoint three (3) persons to confer with officials of the Children's Bureau and to assist in working out the necessary procedure toward this end.

The report on minimum-wage laws was given by Louise Stitt, Director of the Minimum Wage Division of the United States Women's Bureau. In regard to minimum-wage laws, the convention adopted the following resolutions:

WHEREAS this association has frequently gone on record as favoring the extension of the benefits of minimum-wage legislation, *and*

WHEREAS many of the States, which at present have minimum-wage laws, are finding it difficult to bring under the protection of these laws all of the workers eligible to their benefits due to lack of funds properly to enforce additional wage orders, *and*

WHEREAS due to unhappy world conditions the cost of living of all workers will undoubtedly increase during the next 12 months,

RESOLVED, that the International Association of Governmental Labor Officials and its members will use every effort to secure adequate appropriations for State minimum-wage divisions, and where that is immediately impossible, will endeavor to secure such allocation of existing State labor-department funds as will enable the minimum-wage divisions to expand their work so as properly to meet the present crisis.

READING NOTES

Child-labor articles reprinted

Under the title, "The Children's Amendment Moves on to Victory," two articles appearing in the *Social Service Review*, vol. 13, no. 3 (September 1939), have been reprinted. The first of two articles, Federal Regulation of Child Labor, 1906–38, was written by Grace Abbott for her book, The Child and the State, and carries the history of Federal child-labor legislation through the enactment of the Fair Labor Standards Act of 1938. A note is appended giving the substance of the opinions handed down by the United States Supreme Court June 5, 1939, in regard to the ratification of the child-labor amendment. The second article, The Present Status of Child Labor, is by Courtenay Dinwiddie, general secretary of the National Child Labor Committee, and comments on the accomplishments of the Fair Labor Standards Act and on the present extent of child labor.

Division of Labor Standards publications

Recent publications of the Division of Labor Standards of the United States Department of Labor include the following:

Proceedings of the Fifth National Conference on Labor Legislation, Washington, D. C., November 14, 15, 16, 1938. Bulletin No. 25, Washington, 1939. 118 pp. The report of the Resolutions Committee, as adopted, appears on pages 93–95. The resolutions are on the subjects of child labor, apprenticeship, State wage and hour legislation, industrial home work, workmen's compensation, wage collection, conferences of administrative officials, State labor departments, and freight-rate differentials.

Digest of State and Federal Labor Legislation Enacted July 1, 1938, to July 1, 1939. Bulletin No. 32, Washington, 1939. 51 pp. For each of the States in which labor legislation was enacted during the year a summary is given under topical headings.

Progress of State Insurance Funds Under Workmen's Compensation, by John B. Andrews. Bulletin No. 30, Washington, 1939. 42 pp. This report, gleaned from a quarter century of American experience, was prepared in response to demands for information for legislators, employers, and workers on the extent to which State funds may be helpful in reducing costs of workmen's compensation systems.

The Work of an Industrial Hygiene Division in a State Department of Labor. Bulletin No. 31, Washington, 1939. 24 pp. Because of widespread interest in the operation of industrial-hygiene units and because of constant inquiries as to what functions such a unit can perform, the story of the Industrial Hygiene Division of the New York State Department of Labor is presented. New York is reported to have the oldest, largest, and best-organized of the State industrial-hygiene divisions.

Age and the Job. Washington, 1939. 11 pp. This pamphlet discusses in dialogue form the difficulties encountered by older applicants for employment and some possible constructive solutions. The dialogue was written with the aid of a group of workers who used it in presenting the problem for discussion at a union meeting.

Industrial Home-Work Legislation and Its Administration. Bulletin No. 26, Washington, 1939. (Reviewed in this issue.)

National Youth Administration publications

Recent publications received from State offices of the National Youth Administration include the following:

From the National Youth Administration of Ohio (Columbus):

The Morale of Youth Workers (Evaluation Studies, Report No. 3, Columbus, January 1938, mimeographed; 21 pp.).

Results of a Six-Month Demonstration in Evaluation (Evaluation Studies, Report No. 4, June 1938, mimeographed; 48 pp. plus forms). A study of a National Youth Administration project in Cleveland.

Occupational Orientation of Youth Workers (Evaluation Studies, Report No. 5, Columbus, July 1938, mimeographed; 78 pp.).

An Evaluation of the NYA Student Aid Program at Ohio University, Athens, Ohio (Evaluation Studies, Report No. 8, July 1939, mimeographed; 46 pp.).

From the National Youth Administration of Michigan:

Gauging Group Work, by Elise Hatt Campbell (Detroit, 1938, processed; 135 pp.). This is an evaluation of boys' work in a settlement program. Copies may be purchased from the Board of Education, Detroit, at 25 cents each.

From the National Youth Administration of Texas:

Cotton Growing in Texas (Austin, 1939, mimeographed; 79 pp.) For boys and girls who are seeking general information regarding fields of employment.

BIRTH, GROWTH, AND HEALTH

PUBLIC-HEALTH NOTES

American Public Health Association elections

Officers of the American Public Health Association, elected for 1939–40 at the annual meeting in Pittsburgh in October, are: Edward S. Godfrey, M. D., Albany, president; W. S. Leathers, M. D., Nashville, president-elect; Elizabeth L. Smellie, R. N., Ottawa, Canada, first vice president; Domingo F. Ramos, M. D., Habana, Cuba, second vice president; Wilton L. Halverson, M. D., Pasadena, third vice president; Louis I. Dublin, Ph. D., New York, treasurer; Reginald M. Atwater, M. D., New York, executive secretary; Abel Wolman, Dr. Eng., Baltimore, chairman of executive board.

The next annual meeting of the association will be held in Detroit in October 1940.

Cleveland Child Health Association completes survey of mouth-hygiene programs

The fifth and last section of A Survey of Mouth Hygiene Programs for School Children in the United States conducted by the Cleveland Child Health Association, has now been published (1001 Huron Road, Cleveland, 1939; processed; 201 pp.).

The object of the survey was to "learn what the various cities are doing to correct or ameliorate the dental-disease conditions among school children. The record of conditions discovered by the inspections is a byproduct, but not the prime object of the survey."

In the five sections of the survey are presented the efforts to solve the problems of mouth hygiene among school children made by 370 cities, representing approximately 41 percent of the population of the United States. The educational phase and corrective measures are summarized in each section for cities of various size. Section 1, covering 13 cities of more than 500,000 population, was reviewed in *The Child*, December 1937, page 126. Section 2 dealt with 38 cities of 150,000 to 500,000 population; section 3, with 42 cities of 100,000 to 150,000 population; and section 4, with 98 cities of 50,000 to 100,000 population. Section 5 covers 179 cities of 25,000 to 50,000 population.

The Cleveland Child Health Association is now engaged in preparing interpretations and recommendations based on the survey as a whole.

Public-health organization in 94 counties

Two articles in a series dealing with public-health organization in 94 selected counties have appeared in recent issues of *Public Health Reports*. Organized Public Nursing and Variation of Field Programs in 94 Selected Counties (vol. 54, no. 20 (May 19, 1939)) supplies "additional evidence in support of what is well known to health administrators, namely, that official organizations in most instances seek to accomplish their objectives by disseminating information and by instituting regulatory measures, while nonofficial agencies operate very largely in the field of care for a restricted number of persons already ill." Dental Programs Sponsored by Health Agencies in 94 Selected Counties (vol. 54, no. 36 (September 8, 1939)) shows that in three-fourths of the counties surveyed some sort of public dental program is sponsored by one or more official or nonofficial health agencies and that counties without any definite dental program are largely rural. Both articles are by Joseph W. Mountin, Senior Surgeon of the United States Public Health Service, and Evelyn Flook.

Health and welfare publications Many publications of interest have been received which can be mentioned only briefly. Among those designed for use in school are:

Healthful Living Through the School Day and in Home and Community, by Nina B. Lamkin. State Department of Public Health, Santa Fe, N. Mex., 1939. 71 pp.

Building Better Babies; a school manual. Bureau of Maternal and Child Health, Wisconsin State Board of Health, Madison, 1938. 51 pp.

Workers dealing with foreign-language groups may be interested in the following:

Home Classes for Foreign-Born Mothers, by Lester K. Ade. Bulletin 295, Pennsylvania Department of Public Instruction, Harrisburg, 1939. 77 pp.

A la Madre Preñada. New Mexico Department of Public Health, 1939. 20 pp. A bulletin on prenatal care written in Spanish.

Other bulletins having to do with infant and maternal health are:

Three bulletins issued in July 1939 by the Department of Public Welfare of Indiana on Standards for Maternity Homes and Maternity Hospitals: The General Hospital (23 pp.); The Home Hospital (17 pp.); and The Maternity Hospital (28 pp.).

Infant Mortality and Economic Status; Cleveland five-city area, by Howard Whipple Green. (Cleveland Health Council, 1001 Huron Road, Cleveland, 1939, processed; 123 pp. $1.)

Other bulletins of interest to those concerned with child welfare are:

Report on Public Child Care Program of the District of Columbia, by the Child Welfare Review Advisory Committee. Commissioners of the District of Columbia, Washington, 1939. 34 pp. Based on recommendations made by Jacob Kepecs.

Report of the New Jersey State Temporary Commission on the Condition of the Urban Colored Population. Trenton, 1939. 128 pp.

Social Work in Greater Cleveland; how public and private agencies are serving human needs, by Lucia Johnson Bing. Welfare Federation of Cleveland, 1938. 248 pp.

BOOK NOTES

PUBLIC HEALTH

PUBLIC HEALTH LAW, by James A. Tobey, Dr. P. H. Commonwealth Fund, New York. 1939 edition. 414 pp. $3.50.

Public Health Law has been revised and brought up to date in the second edition, published in 1939. This volume is unique in its field and is an excellent reference volume, valuable to lawyers as well as to persons engaged in public-health administration and to students. It contains a comprehensive discussion of public-health law and administration. The text reflects careful study of the subjects and is enriched with case references as well as references to other source material.

The book explains certain basic legal principles and covers the sources of public-health law and the organization of State and local health departments. It contains separate chapters on the powers and duties of health departments with respect to such subjects as vital statistics, the control of communicable diseases, the control of tuberculosis, the control of venereal diseases, milk control, vaccination, and school hygiene.

The appendixes include the famous decision of the United States Supreme Court in the case of *Jacobson* v. *Massachusetts* (197 U. S. 11), which states the constitutional principles underlying public-health administration, and an explanatory section on the use of legal references and court decisions that should be of value to persons other than lawyers consulting the volume. A bibliography and a useful index are included.

NUTRITION AND THE PUBLIC HEALTH; proceedings of a National Conference on the Wider Aspects of Nutrition, April 27–29, 1939. British Medical Association, Tavistock Square, London, 1939. 150 pp. Price, 2s. 6d.

Acting on the conviction that national problems of malnutrition can be solved "if taken together and dealt with by a long-term policy," the British Medical Association called a conference that was attended by representatives of 7 British Government Departments, 6 overseas Governments, 80 public and scientific organizations, and some 30 industrial and commercial organizations. Nutrition and public health were discussed by specialists in the fields of medicine, agriculture, industry, and education. Agreeing on the desirability of increased consumption of protective foods, the discussants considered means of stimulating production of these foods through agricultural policies at home and in the overseas countries represented. They considered also means for stimulating consumption through family allowances and through education. The conference urged upon the Government "the formulation of a long-term food policy in which the requirements of health, agriculture, and industry shall be considered in mutual relation." It expressed its conviction "that measures to secure the more ready availability to all sections of the community of foodstuffs which are held to be desirable on nutritional grounds should be accompanied by an educational campaign to encourage their increased consumption."

THE COMMUNICABLE DISEASES, by A. M. Stimson, Medical Director, U. S. Public Health Service. Miscellaneous Publication No. 30, U. S. Public Health Service, Washington, 1939. 111 pp.

This pamphlet covers a discussion, in aphabetical order, of 65 communicable diseases which may occur in the United States. The introduction states that "this book is intended as a source of dependable information for students in high schools and junior colleges." It will be useful, however, to everyone interested in public health and welfare.

For each disease are given data concerning cause, methods of spread, preventive measures, and treatment when this is specific or has public-health significance. An index and a glossary with definitions make the book easily usable, and 24 pages of pictures add greatly to its interest and educational value.

MATERNAL AND CHILD HEALTH

MANAGEMENT OF THE SICK INFANT AND CHILD, by Langley Porter, M. D., and William E. Carter, M. D. Fifth revised edition. C. V. Mosby Co., St. Louis, 1938. 874 pp. $10.

In the preface to the fifth revised edition of this textbook the authors state that they have attempted to remedy some of the errors and omissions of former editions and to bring the material presented up to date. They have also added material about the care of older children not included in previous editions.

This book is written to help practitioners of medicine in their service to sick infants and children.

MATERNAL CARE AND SOME COMPLICATIONS. Edited by Fred L. Adair, M. D. University of Chicago Press, Chicago. 1939. 194 pp. $1.50.

The two previous publications approved by the American Committee on Maternal Welfare, entitled "Maternal Care" and "Maternal Care Complications," are combined in this book with revisions and editing. The book was prepared by a group of specialists with Dr. Fred L. Adair as editor. This compact handbook for physicians practicing obstetrics is divided into six sections dealing with antepartum care, intrapartum care, postpartum care, toxemias of pregancy, obstetric hemorrhages, and puerperal infection.

This book has been prepared in attractive form and in a size that makes it easy to carry about. The price has been kept low so that it should obtain wide circulation among individual physicians.

CHILD DEVELOPMENT

PROCEEDINGS OF THE AMERICAN SPEECH CORRECTION ASSOCIATION, vol. 9, 1939. Distributed by College Typing Co., 720 State St., Madison, Wis. Processed. 102 pp. $1.75.

A report of the addresses and professional discussions at the meeting of the American Speech Correction Association held in Cleveland in December 1938 is contained in this volume. Several papers deal with the mental and emotional states of the stutterer and methods of treatment for stuttering, especially in school children and college students. Other topics considered include methods of treating speech difficulties in spastics and speech defects caused by deafness.

MEET YOUR CHILD, by Lowell C. Frost, M. D. Kellaway-Ide Co., Los Angeles. 159 pp. 1938. $2.

The problems of boys and girls in high school and of their parents are stressed by Dr. Frost, who is head of the science department in the Beverly Hills High School and was formerly health counselor in the Los Angeles City high schools. Nutrition, health essentials, work and play, the gang, fraternities and sororities, curiosity, truth, privileges, giving and getting, school failures, college, sex, and social adjustment are among the questions considered from the point of view of present-day living conditions and habits.

"In order to meet our children on a common ground of understanding," states Dr. Frost, "it is not that they must grow older in their views but that we must become younger in ours. It is we who must become adaptable."

EMPLOYMENT PROBLEMS

CHILD LABOR FACTS, 1939–40, by Gertrude Folks Zimand. Publication No. 379, National Child Labor Committee, 419 Fourth Avenue, New York, October 1939. 39 pp. 25 cents.

The National Child Labor Committee in this publication gives a brief summary of the changes in the child-labor situation since 1930, followed by a discussion of child labor in industries not barred to children by Federal legislation. Rough estimates are given of the number of children probably at work in these occupations. There is a section on Federal regulation of child labor, including the Federal child-labor amendment and the Fair Labor Standards Act. A brief statement of existing standards of State child-labor legislation is included.

WHEN YOUTH LEAVE SCHOOL, by Ruth E. Eckert and Thomas O. Marshall. Regents' Inquiry, McGraw-Hill Book Co., New York. 1938. 360 pp. $3.

The two studies in this volume of the series published by the Regents' Inquiry Into the Character and Cost of Public Education in the State of New York are published together, because both have as their chief concern the problems of youth finishing or leaving school.

Part 1, Characteristics of Leaving Pupils, by Ruth Eckert, is a study of the abilities, interests, and future plans of all boys and girls leaving or graduating from the secondary schools of New York State, June 1936 to June 1937, a total of about 53,000. Part 2, Adjustments of Leaving Pupils, by Thomas O. Marshall, is an interview study with some 2,000 pupils leaving high school in 50 New York communities.

Miss Eckert points out that, since more than three in every five pupils entering high school in New York State withdraw before graduation and only about one in five goes on to college or other institution of higher learning, "whatever the secondary school fails to do in developing general competence for living will, for the most part, remain undone."

According to Miss Eckert's findings the boys and girls who drop out of school are especially handicapped as to general aptitudes, home background, and socially useful abilities. "Not only do they lack control of basic skills and of information needed for everyday living, but a great many of them are also judged incompetent to assume the duties of vocation or citizenship with any measure of intelligence or responsibility."

The city school appears to be "more successful than the country school in developing competence for living," and, judging by tested achievement, the boys profit more than the girls from the courses offered.

The pupils who graduate from high school, although comparatively well schooled for the most part in factual information, have not much more enlightened social attitudes than nongraduates. Many had ill-chosen objectives both for immediate jobs and for their ultimate vocations. Once they were out of school, little difference was found in the first jobs of nongraduates and of graduates who did not continue their training in college or elsewhere.

Three defects in the present training offered by New York State secondary schools are emphasized in this study as "to some degree comprehending all the others and definitely in need of attention": (1) The scant emphasis on problems of immediate and practical living; (2) the lack of appreciation of the pupils' differing goals and of provision for meeting special and individual needs; (3) the lack of knowledge about students on the part of the school.

INDUSTRIAL HOME-WORK LEGISLATION AND ITS ADMINISTRATION. Division of Labor Standards (U. S. Department of Labor), Bulletin No. 26, Washington, 1939. 133 pp.

This publication, which was prepared by A. Louise Murphy, is planned for use by labor administrators dealing with industrial home work as well as by research workers, union groups, and others interested in the regulation of this industrial practice. A brief statement, dealing with the abuses of the system, with attempts ta legal regulation, and with methods of administration, introduces a State-by-State topical summary of the main provisions of the industrial home-work laws of the 17 States which have such legislation.[1] This is followed by the texts of these laws and of orders issued under them and by suggested language for a State bill to regulate and tax industrial home work, which has been endorsed by the International Association of Governmental Labor Officials and by the National Conference on Labor Legislation.

In addition, the bulletin includes a summary of the provisions of the Fair Labor Standards Act of 1938 that affect industrial home work and the text of the regulation issued under that act requiring employers of industrial home workers to keep records and prescribing the information which the record must contain with respect to their home workers.

The detailed analysis contained in this report, supplemented by the compilation of the laws and regulations dealing with industrial home work, gives information not available elsewhere in compact form. It is of particular value at the present time in view of the growing interest in the economic problems involved in home-work distribution. The bulletin is prepared in loose-leaf form to permit revision and expansion as home-work laws are revised or enacted and as administrative experience develops.

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[1] Since the publication of this bulletin, West Virginia and Puerto Rico have passed industrial home-work laws, and California, which had been regulating home work through its minimum-wage law, has passed a law specifically applying to home work.

MIGRATORY COTTON PICKERS IN ARIZONA, by Malcolm Brown and Orin Cassmore. Works Progress Administration, Division of Research, Washington, 1939. 104 pp. Processed.

The pursuits and earnings of 518 migrant groups working in the Arizona cotton fields early in 1938 are traced for the entire year of 1937 in this report. Data are given on earnings; on living conditions, including housing, status in the community, social life in the cotton camps, food, and illness and mortality; and on family characteristics including State of origin, race, age, and size of families. One chapter deals with methods of labor recruiting in Arizona.

In regard to child labor the report states that all children above grade-school age worked with their parents to bolster the family income. "Children of school age were usually prevented from working during school time by the Arizona school-attendance law. Since enforcement is left to the school districts, however, the law is not always observed. Moreover, the law does not require attendance until the family has resided in the school district for 2 weeks, and exemptions to children whose earnings are needed by the family are freely given for limited periods. Accordingly, while child labor was kept more or less in check, it did exist to some extent in all districts and was widespread in the districts which ignore the school-attendance law."

BOOKS FOR CHILDREN AND YOUTH

WHAT ABOUT OUR TOWN? by Leonard W. Mayo. Reprinted from *Junior Red Cross Journal*, American National Red Cross, Washington, D. C. March 1939. 85 pp.

By means of fictional presentation the author has shown how a "youth day" inaugurated by high-school students was developed into a real community study resulting in the accomplishment of needed changes for civic betterment. "Boys' day" in Centerton was just a "show" until the senior class in high school tried reorganizing it. Moreover, activity did not stop at the close of youth day.

The young people drew up a set of recommendations approved by the officials and organized to carry on. Committees were formed, not all at one time but as the need developed, to study problems of relief, health, housing, recreation, and delinquency. The directors of the appropriate departments in the city government served as advisers.

The story describes the organization and carrying out of a community study which obtained results. The techniques applied in learning facts about a community are brought out. The obstacles met by the young people of the story serve to show common weaknesses of community studies. The guidance and assistance given the students by school personnel, city officials, and staff of welfare organizations are described as illustrative of wise leadership. Lists of questions and suggested references for reading are given at the end of each chapter.

REHEARSAL FOR SAFETY; a book of safety plays, by Fanny Venable Cannon. E. P. Dutton & Co., New York. 1939. 132 pp. $1.

To provide an effective method of promoting safety habits the author has written eight plays for use in elementary and junior high schools. Some of the hazards the plays warn against are rusty nails, littered floors, fire, firearms, escaping gas, playing ball in the street, and getting lost.

TABLE GAMES; how to make and how to play them, by Ray J. Marran. A. S. Barnes & Co., New York. 1939. 122 pp. $1.50.

About 60 table games, all of which can be made easily by boys and girls using simple tools and materials, are described in this book. It is the author's belief that making the game is just as much fun as playing it.

Games are grouped according to type, such as spinning top, checkerboard, and so forth. Drawn illustrations as well as printed instructions are given for each game.

HERE COMES THE MAIL, by Robert Disraeli. Little, Brown & Co., Boston. 1939. 117 pp. $1.25.

Words plus 83 photographs tell the story of the workings of the United States Postal Service. The author, a New York photographer, spent a number of weeks in the New York City General Post Office and in Washington gathering material for the book. Although it contains information of use to persons of all ages—definitions of the various classes of mail matter, for instance—the book is written to appeal to children.

The Children's Bureau *does not distribute* the publications to which reference is made in THE CHILD except those issued by the Bureau itself. Please write to the publisher or agency mentioned for all others.

EVENTS OF CURRENT INTEREST

Dr. Carstens' Memory Honored

A special service in honor and memory of Christian Carl Carstens, whose death occurred in July 1939, was held at the Russell Sage Foundation, New York, on October 21. The speakers were Dr. A. T. Jamison, Howard W. Hopkirk, and Mrs. Edith M. H. Baylor, and Cheney C. Jones presided.

At their annual meeting the board of directors of the Child Welfare League of America adopted the following resolution:

> Whereas, Dr. Christian Carl Carstens, for 18 years Director of the Child Welfare League of America, has been removed from this life;
>
> And whereas the board has lost in his death not only a devoted leader who organized the league as an effective instrument in the field of child care but a friend who represented the highest ideals of personal and professional integrity;
>
> Whereas the children of America, for whom Dr. Carstens toiled devotedly and whole-heartedly beyond the limits of his physical strength, have lost a champion and a friend;
>
> And whereas the cause of social work has suffered in his passing the loss of a pioneer who blazed new trails and threw back the frontiers in unchartered areas;
>
> *Be it resolved,* That the board of directors and members of the league pledge themselves to carry forward with renewed vigor the high purposes and objectives of the league to which Dr. Carstens devoted his life and to that end give it added strength and support in the tasks that lie ahead;
>
> *And be it further resolved,* That a copy of this resolution be made a part of the records of the Child Welfare League of America and that copies be sent to Dr. Carstens' family with our heartfelt expressions of sympathy and condolence.

National Resources Planning Board To Study Relief

The appointment of a technical committee to study long-range relief problems and policies was announced in November by the National Resources Planning Board. The committee will include qualified advisers from the Federal agencies concerned and specialists from outside the Government.

William B. Haber, executive director of the National Refugee Service, has been appointed chairman of the committee, which includes Dr. Will W. Alexander, United States Department of Agriculture, Katharine F. Lenroot, United States Department of Labor, Corrington Gill, Federal Works Agency, Mary Switzer, Federal Security Agency, C. M. Bookman, Cincinnati Community Chest, Rt. Rev. Msgr. Francis J. Haas, dean of the School of Social Sciences, Catholic University of America, and Fred K. Hoehler, American Public Welfare Association. Dr. Evelyn M. Burns, professor of political science at Columbia University, will serve as director of research. Subcommittees will be formed to study certain aspects of the problem.

Official correspondence.

Child-Labor Day

The annual observance of Child-Labor Day, instituted 34 years ago by the National Child Labor Committee, will take place January 27–29, 1940. Suggested programs for church groups and schools, and suggested activities for women's clubs and civic organizations are given in a leaflet from the National Child Labor Committee, 419 Fourth Avenue, New York. The committee will send a packet of materials including a child-labor-day talk, a play, and leaflets for free distribution on receipt of 25 cents in stamps or coin. A lantern-slide lecture, Child Labor in America Today, illustrated by 56 slides, can be obtained on loan from the National Child Labor Committee for $2 and return postage.

National Social-Hygiene Day

National Social-Hygiene Day will be observed for the fourth time on February 1, 1940. Editors and health, civic, and welfare leaders desiring program and publicity aids are asked to write to Social Hygiene Day Service, American Social Hygiene Association, 50 West Fiftieth Street, New York.

A new sound motion picture on syphilis entitled "With These Weapons" is to be released by the American Social Hygiene Association in connection with the observance of Social-Hygiene Day.

Radio Programs of Interest

Series of radio programs announced for the current season include the following:

Democracy in Action, planned by the United States Office of Education. In this series a new plan of educational broadcasting will be tried, in which health, social security, foreign trade, labor welfare, and other problems of democratic government will be treated in units of five or six broadcasts each. Columbia Broadcasting System, every Sunday at 2 p. m., eastern standard time.

Tales From Far and Near, planned by the Association for Arts in Childhood. The second series, October 19, 1939, to April 25, 1940, will feature 22 favorite stories for children by famous authors, with authors and illustrators as guest speakers. Columbia Broadcasting System, American School of the Air, every Thursday, at 9:15 a. m., eastern standard time.

The Child Grows Up, planned by the United States Children's Bureau. A series of 15-minute discussions of child-welfare problems will be given by Katharine F. Lenroot, Chief, and occasional guest speakers. National Broadcasting System, blue network, every Saturday, at 10:45 a. m., eastern standard time.

CONFERENCE CALENDAR

Dec. 27–29	American Economic Association; American Sociological Society; and allied groups. Annual meetings, Philadelphia.
Dec. 27–30	American Statistical Association. Annual meeting, Philadelphia. Secretary: F. F. Stephan, 1626 K St. NW., Washington, D. C.
Dec. 27–Jan. 2	American Association for the Advancement of Science. Annual meeting, Columbus, Ohio. Secretary: F. R. Moulton. Smithsonian Institution Building, Washington, D. C.
Feb. 21–24	American Council of Guidance and Personnel Associations; National Vocational Guidance Association. St. Louis, Mo.
Feb. 22–24	American Orthopsychiatric Association. Seventeenth annual meeting, Hotel Statler, Boston. Secretary: Dr. Norvelle C. LaMar, 149 East Seventy-third St., New York.
Feb. 24–29	American Association of School Administrators. St. Louis, Mo.
Apr. 29–May 3	Association for Childhood Education. Forty-seventh annual convention, Milwaukee, Wis. Headquarters: 1201 Sixteenth St. NW., Washington, D. C.
Apr. 24–27	American Association for Health, Physical Education, and Recreation (a department of the National Education Association) and the Midwest Physical Education Association. Annual convention, Hotel Stevens, Chicago, Ill.

UNITED STATES DEPARTMENT OF LABOR

Frances Perkins, Secretary

◆

CHILDREN'S BUREAU

Katharine F. Lenroot, Chief

Published under authority of Public Resolution No. 57, approved May 11, 1922 (42 Stat. 541), as amended by section 307, Public Act 212, approved June 30, 1932 (47 Stat. 409). This publication approved by the Director, Bureau of the Budget, May 12, 1936.

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Social Statistics

Supplement Number 2, December 1939

to

THE CHILD—Monthly News Summary
Volume 4, Number 6

Published by the
CHILDREN'S BUREAU
U. S. DEPARTMENT OF LABOR
WASHINGTON, D. C.

SOCIAL-STATISTICS SUPPLEMENT

NUMBER 2 DECEMBER 1939

TO

THE CHILD — MONTHLY NEWS SUMMARY VOLUME 4, NUMBER 6

The SOCIAL-STATISTICS SUPPLEMENT is issued by the Children's Bureau four times a year, in connection with the Bureau's monthly publication, THE CHILD.

The purpose of the supplement is to make available for general use summaries of current social statistics related to child welfare, prepared by the Bureau's Division of Statistical Research. While material presented in the supplement will be based largely on reports forwarded by health and social agencies in connection with the Bureau's project for the registration of social statistics, closely related material from other sources will also appear from time to time.

CLINIC SERVICE, JANUARY-JUNE 1939

During the first 6 months of 1939, 7,372,515 visits were made to clinics and medical conferences[1] (the conferences being primarily maternal and child-health conferences) in 30 urban areas of the United States with a total population of 20,686,882 in 1930 (table 1). This is a smaller number of visits than might be expected for a half-year period. According to one authority experience in some of the larger northern cities of the United States shows that the number of visits during a year to clinics of all types will about equal the total population.[2] The number of visits to clinics is always larger than the number of individuals visiting clinics, since the same individuals may visit clinics more than once. No tabulation has been made of the number of individuals visiting clinics in these cities during the first 6 months of 1939.

The figures presented in this article were obtained from monthly reports submitted to the Children's Bureau by health departments, welfare departments, and public and private hospitals, and by other health agencies that conduct clinics or medical conferences in 43 urban areas of 100,000 or more population.[3]

Since reports used in this tabulation cover 85 percent or more of all such services that were provided in each urban area during the first 6 months of 1939, the data published here provide a fairly reliable picture of the scope of the clinic medical care that is provided in a number of urban areas of the United States and of the types of agencies that are assuming the responsibility of providing this care.[4]

Table 1.--Total number of visits to clinics and medical conferences in 30 urban areas: January-June, 1939

Urban area	Number of agencies	Number of visits[a]
Total, 30 areas........	353	7,372,515
Akron......................	7	45,488
Birmingham.................	9	107,149
Boston.....................	22	480,000
Bridgeport.................	4	35,630
Buffalo....................	22	230,151
Canton.....................	1	8,578
Chicago....................	41	1,566,701
Cincinnati.................	11	220,742
Cleveland..................	14	328,370
Dallas.....................	14	149,971
Dayton.....................	1	16,965
Detroit....................	24	623,481
Duluth.....................	4	18,315
Grand Rapids...............	5	26,302
Houston....................	9	172,709
Indianapolis...............	4	113,263
Kansas City, Mo............	20	147,896
Los Angeles................	17	768,806
Milwaukee..................	8	319,441
Minneapolis................	12	123,900
New Haven..................	9	78,202
New Orleans................	13	372,199
Pittsburgh.................	27	316,231
Richmond...................	4	77,086
St. Louis..................	15	450,533
St. Paul...................	6	92,979
San Francisco..............	16	356,373
Sioux City.................	4	15,695
Syracuse...................	3	63,795
Wilkes-Barre...............	7	45,564

[a] These visits represent 85 percent or more of all visits to clinics and medical conferences in each one of these 30 urban areas.

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[1] Visits to clinics and to medical conferences have been tabulated together in the count of number of visits made during the first 6 months of 1939. However, they have been analyzed separately in tabulations of visits by type of clinic or conference. In general, clinics are organized for the study and treatment of disease, and medical conferences are organized for the health supervision of supposedly well individuals.

[2] Hiscock, Ira V.: Community Health Organization, p. 254. Commonwealth Fund, New York, 1939.

[3] Only those clinics and medical conferences are reported that are under the charge of a physician or a dentist and are held at a definite time and place. The reports are not intended to include clinics and medical conferences that are provided as part of specially organized programs of school-health service. The following types of agencies do not report such services to the Children's Bureau: Agencies organized for profit; those operated exclusively for the care of residents in a maternity home, children's institution, or home for the aged; and those operated by an industrial or commercial establishment and caring only for its employees.

[4] Estimates have been used in some instances in tabulating service data for one or more agencies. This is particularly true of service figures for Boston.

Figures are not available covering total current expenditures for clinics and medical conferences during the first 6 months of 1939 for the areas included in this tabulation. However, expenditure data for 1938 were obtained for 29 urban areas (20 of which are included in the present article) in connection with a recent study made by the Children's Bureau with the cooperation of local community chests and councils.[5] The total current expenditure for clinics and medical conferences in the 29 areas in 1938 was $8,431,694. This represented an expenditure of 58 cents per capita for the population of those areas.[6] Public funds were used for 59 percent and receipts from beneficiaries, for 14 percent of the total expenditures for clinic and medical-conference services in 1938.[7] Private contributions and income from endowments made up 24 percent of the expenditures.

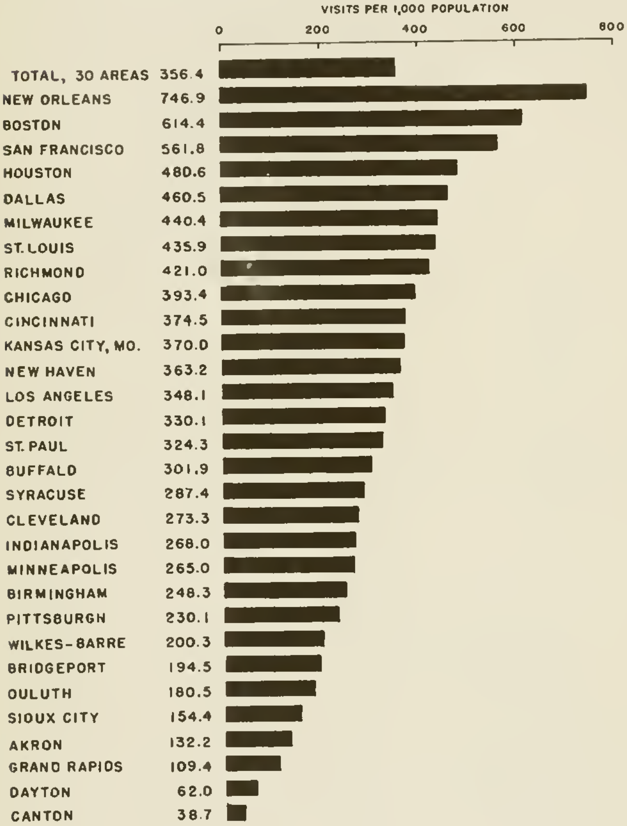
CHART 1.—TOTAL NUMBER OF VISITS TO CLINICS AND MEDICAL CONFERENCES IN 30 URBAN AREAS PER 1,000 POPULATION, JANUARY—JUNE 1939

Total Visits by Area, January-June 1939

Expressed as a rate per 1,000 population[8] the number of visits made to clinics and medical conferences in each of 30 urban areas during the first 6 months of 1939 can be used to indicate inter-area variations in the volume of medical care provided by means of clinics and conferences. The largest number of visits to clinics and medical conferences per 1,000 population in these 30 urban areas in the first 6 months of 1939 was in New Orleans (chart 1); the smallest number was in Canton. In 8 of the 30 cities for which substantially complete data are available more than 400 visits were made per 1,000 population; in 7 cities, less than 200. A small number of clinic visits per 1,000 population does not in all cases indicate inadequacy in providing free or low-cost medical care, as such medical care is also provided in doctors' offices and in home visits.

The number of visits made to clinics and conferences in the first 6 months of 1939 in these 30 areas is presented in table 1.

Visits by Type of Agency, March 1939

An analysis has been made for the month of March 1939 of the types of agencies that were providing services in clinics and medical conferences and the type of clinic to which visits were made

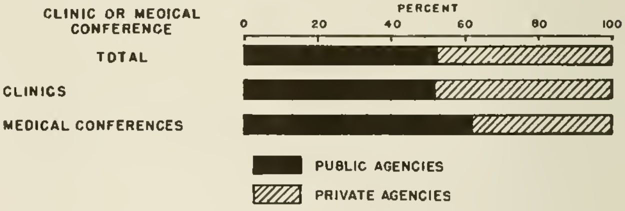
CHART 2.—PERCENTAGE DISTRIBUTION OF VISITS TO CLINICS AND MEDICAL CONFERENCES OPERATED BY PUBLIC AND PRIVATE AGENCIES, MARCH 1939

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[5] The Community Welfare Picture as Reflected in Health and Welfare Statistics in 29 Urban Areas, 1938, U. S. Children's Bureau, Washington, 1939. 67 pp.

[6] 1930 census figures were used in this computation in the absence of more recent official estimates. The total population of the 29 areas was approximately 14,500,000.

[7] Tabulations of total expenditures for clinics and medical conferences during 1938 in the following urban areas can be obtained from the U. S. Children's Bureau on request: Atlanta, Baltimore, Birmingham, Bridgeport, Buffalo, Canton, Cincinnati, Cleveland, Columbus, Dallas, Dayton, Grand Rapids, Hartford, Houston, Indianapolis, Kansas City (Mo.), Los Angeles, Louisville, Milwaukee, New Orleans, Providence, Richmond, St. Louis, San Francisco, Springfield (Mass.), Syracuse, Washington, Wichita, Wilkes-Barre.

[8] 1930 census figures have been used as a base for these computations.

Table 2.--Distribution of visits to clinics and medical conferences in 22 urban areas by type of agency; March 1939

Type of agency	Number of agencies	Total visits		Visits to clinics		Visits to medical conferences	
		Number	Percent	Number	Percent	Number	Percent
All types	249	933,663	100	857,825	100	75,838	100
Public hospitals	25	276,285	30	275,455	32	830	1
Private hospitals	96	263,917	28	257,959	30	5,958	8
Public health departments	28	182,019	19	135,838	16	46,181	61
Other public agencies	8	34,775	4	34,394	4	381	(a)
Private health agencies	92	176,667	19	154,179	18	22,488	30

[a] Less than one-half of 1 percent.

in 22 of the 30 urban areas for which monthly data on total number of clinic visits are available. Because of the operation of seasonal influences, no one month is entirely typical of the period. However, March--a month in the middle of the period and the month in which the total number of visits was greatest--appears to be appropriate for special study.

Table 3.--Percentage distribution of visits to clinics and medical conferences operated by public and by private agencies in 22 urban areas, by type of clinic or conference; March 1939

Type of clinic or medical conference	Total visits		Percent				
			Visits to hospital out-patient departments		Visits to other agencies		
	Number	Percent	Public	Private	Public health department	Other public agencies	Private health agencies
Clinics	857,825	100	100	100	100	100	100
General medical	124,836	15	13	19	....	54	13
Surgical	65,124	8	8	12	....	3	7
Dermatologic and venereal-disease	225,800	26	18	15	74	5	24
Obstetric and gynecologic	47,290	5	6	8	1	2	5
Eye, ear, nose, and throat	83,993	10	12	14	(a)	6	9
Pediatric	54,363	6	4	7	12	2	6
Dental	78,365	9	6	6	5	14	23
Genito-urinary	16,031	2	3	2	....	1	2
Orthopedic	23,367	3	3	4	(a)	1	2
Tuberculosis	52,374	6	11	2	8	(a)	3
Mental-hygiene	5,711	1	(a)	1	....	6	(a)
Other[b]	80,571	9	16	10	(a)	6	6
Medical conferences	75,838	100	100	100	100	100	100
Antepartum and postpartum	11,893	16	15	52	15	....	7
Infant	42,106	55	60	25	63	47	49
Preschool	16,664	22	8	9	18	53	34
School	3,636	5	7	13	4	....	4
Other	1,539	2	10	1	(a)	....	6

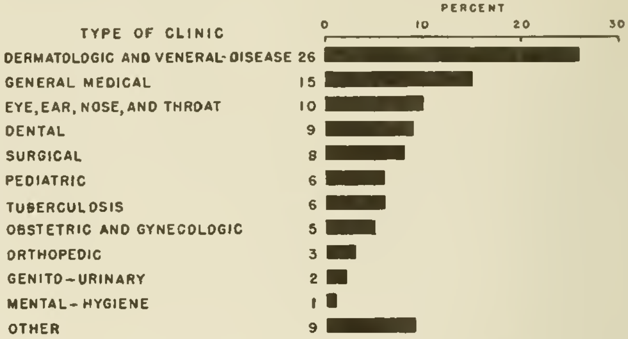
[a] Less than one-half of 1 percent.

[b] Clinics classified under "Other" include those organized as psychiatric, neuro-psychiatric, neurologic and psychologic clinics, speech clinics, cardiac, cancer, allergic, and diabetic clinics.

The total number of visits was fairly well divided between public and private agencies, public agencies reporting 53 percent of all visits and private agencies, 47 percent. Public agencies reported 52 percent of the visits to clinics and 62 percent of the visits to medical conferences (chart 2).

Table 2 presents an analysis of total visits, of visits to clinics, and of visits to medical conferences, by type of agency. As is shown in the table, 58 percent of the visits to clinics and medical conferences in the 22 urban areas during March 1939 were made to clinics and medical conferences operated by hospital out-patient departments; public hospital out-patient departments accounted for 30 percent of all clinic and conference visits and private out-patient departments accounted for 28 percent.

CHART 3.— PERCENTAGE DISTRIBUTION OF VISITS TO CLINICS, MARCH 1939



Of the 933,663 visits reported for March 1939 by these 22 areas, 857,825 were reported as visits

Table 4.—Percentage distribution of visits to clinics in 22 urban areas by type of clinic and by area; March 1939

Area	Total visits to clinics		Percent											
	Number	Percent	General medical	Surgical	Dermatologic and venereal disease	Obstetric and gynecologic	Eye, ear, nose, and throat	Pediatric	Dental	Genito-urinary	Orthopedic	Tuberculosis	Mental-hygiene	Other[b]
Total, 22 areas....	857,825	100	15	8	26	5	10	6	9	2	3	6	1	9
Akron..........	6,951	100	16	3	36	9	8	.....	1	1	5	14	(a)	7
Birmingham.....	15,242	100	13	8	38	9	5	4	5	8	2	4	.....	4
Boston.........	77,324	100	23	24	11	4	7	3	11	.....	1	.....	.....	16
Bridgeport.....	5,371	100	12	11	10	6	7	8	19	(a)	14	3	.....	10
Buffalo........	36,636	100	17	5	18	4	17	1	15	2	2	5	1	13
Canton.........	1,062	100	12	4	41	4	8	.....	9	.....	.....	14	(a)	8
Chicago........	260,046	100	9	4	37	6	11	3	4	1	3	12	1	9
Cincinnati.....	39,162	100	5	3	20	4	6	11	29	1	2	4	1	14
Cleveland......	56,870	100	21	11	21	5	11	10	12	2	3	(a)	.....	4
Dallas.........	23,820	100	9	2	45	6	4	8	13	3	1	1	1	7
Dayton.........	3,038	100	.....	.....	100	.....	.....	.....	.....	.....	.....	.....	.....	.....
Detroit........	101,176	100	18	8	23	5	10	2	12	2	3	8	2	7
Grand Rapids...	3,154	100	1	1	41	1	1	(a)	25	(a)	16	14	.....	.....
Houston........	30,919	100	10	3	42	8	6	7	12	2	2	3	(a)	5
Kansas City,Mo.	25,851	100	19	6	28	8	12	3	5	2	3	3	(a)	11
Milwaukee......	58,554	100	10	4	10	3	5	32	9	2	2	4	(a)	19
New Haven......	11,920	100	17	11	17	8	12	9	9	2	6	3	3	3
Richmond.......	13,425	100	11	6	33	9	8	7	2	5	1	14	.....	4
St. Paul.......	16,068	100	19	7	15	10	15	5	7	2	6	4	1	9
San Francisco..	57,689	100	28	11	15	7	13	7	4	4	3	2	1	5
Sioux City.....	2,689	100	44	2	18	4	9	1	9	(a)	3	2	.....	8
Syracuse.......	10,858	100	22	10	17	9	14	4	11	2	4	7	.....	.....

[a] Less than one-half of 1 percent.

[b] Clinics classified under "Other" include those organized as psychiatric, neuro-psychiatric, neurologic and psychologic clinics, speech clinics, cardiac, cancer, allergic, and diabetic clinics.

to clinics and 75,838 as visits to medical conferences. Out-patient departments accounted for almost two-thirds of the clinic visits reported, 32 percent being reported by public and 30 percent by private out-patient departments. Public-health departments accounted for an equally large proportion (61 percent) of the total visits to medical conferences.

Visits by Type of Clinic or Conference, March 1939

In view of the basic difference in type of service given, visits to clinics and visits to medical conferences are analyzed separately in table 3 by type of clinic or conference.

More than one-fourth (26 percent) of the visits made to clinics in the 22 areas during March 1939 were made to dermatologic and venereal-disease clinics; 15 percent, to general medical clinics; and 10 percent, to eye, ear, nose, and throat clinics. These three types of clinics accounted for more than one-half of all clinic visits. The proportion of visits made to certain other clinics were: Dental, 9 percent; surgical, 8 percent; pediatric, 6 percent; tuberculosis, 6 percent; and obstetric and gynecologic, 5 percent (table 3 and chart 3).

The distribution of clinic visits by type of clinic as reported by the different types of agencies showed considerable variation from the distribution of visits for all agencies combined. Almost three-fourths (74 percent) of all clinic visits to public-health departments in March 1939 were reported as visits to dermatologic and venereal-disease clinics, while public and private out-patient departments reported that 18 percent and 15 percent, respectively, of their clinic visits were for dermatologic and venereal-disease treatments.

The distribution of clinic visits by type of clinic also varied considerably among the areas, as is shown in table 4.

Of the visits to medical conferences in the 22 urban areas in March 1939, 55 percent were for

Table 5.--Percentage distribution of visits to medical conferences in 22 urban areas by type of conference and by area; March 1939

Urban area	Total visits to medical conferences		Percent				
	Number	Percent	Ante-partum, post-partum	Infant	Pre-school	School	Other
Total, 22 areas	75,838	100	16	55	22	5	2
Akron	1,110	100	....	56	41	....	3
Birmingham	2,591	100	23	21	25	30	1
Boston	3,138	100	21	69	8	2	(a)
Bridgeport	1,272	100	10	75	15	....	....
Buffalo	4,966	100	12	63	23	1	1
Canton	431	100	1	64	35	....	....
Chicago	31,176	100	13	70	11	3	3
Cincinnati	56	100	....	52	39	9	....
Cleveland	2,668	100	84	5	5	3	3
Dallas	1,574	100	1	31	36	27	5
Dayton	....	....	....	....	....	....	....
Detroit	7,671	100	34	32	34	(a)	(a)
Grand Rapids	1,068	100	6	58	36	....	....
Houston	540	100	....	15	11	....	74
Kansas City, Mo.	1,389	100	4	60	36	....	....
Milwaukee	4,497	100	1	51	35	13	....
New Haven	1,586	100	8	57	35	....	....
Richmond	1,925	100	18	42	23	17	....
St. Paul	1,393	100	6	47	47	....	....
San Francisco	5,635	100	3	45	42	9	1
Sioux City	123	100	....	67	33	....	....
Syracuse	1,029	100	....	58	42	....	....

---

[a] Less than one-half of 1 percent.

infant-health supervision and 16 percent were for health supervision of mothers during the antepartum or postpartum period (table 5). Twenty-two percent were for health supervision of preschool children, and 5 percent were for health supervision of children of school age.[9]

The distribution of visits to medical conferences by type of conference is presented in table 3 for the various types of agencies and in table 5 for each of the 22 urban areas.

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[9] See footnote 3.

UNITED STATES DEPARTMENT OF LABOR
FRANCES PERKINS, SECRETARY

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CHILDREN'S BUREAU
KATHARINE F. LENROOT, CHIEF

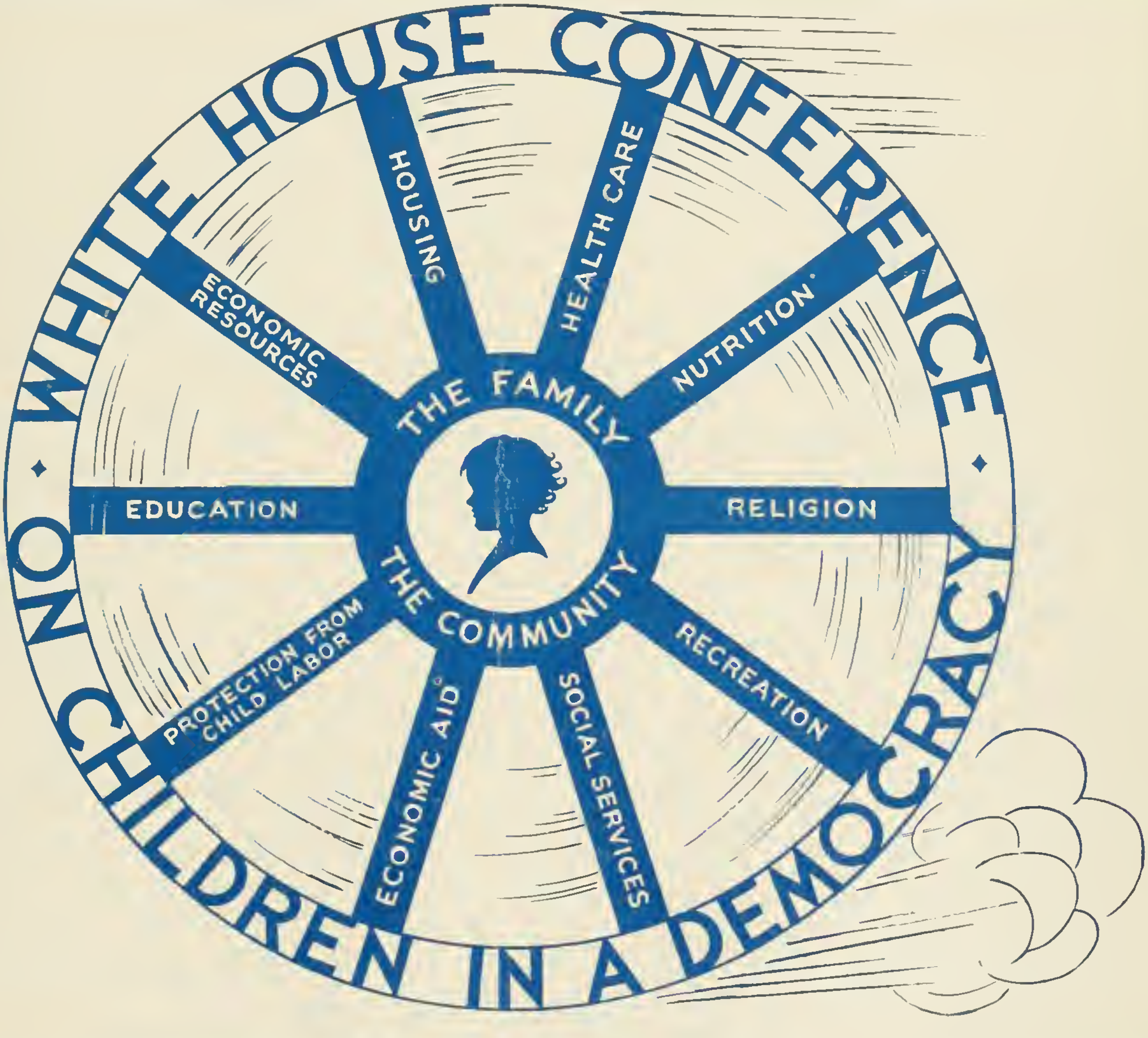
Published under authority of Public Resolution No. 57, approved May 11, 1922 (42 Stat. 541), as amended by section 307, Public Act 212, approved June 30, 1932 (47 Stat. 409). This publication approved by the Director, Bureau of the Budget, May 12, 1936.

U S GOVERNMENT PRINTING OFFICE: 1940—O-203536

THE CHILD

Monthly News Summary

Volume 4, Number 7 January 1940


WHITE HOUSE CONFERENCE
ON CHILDREN IN A DEMOCRACY
HOUSING
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THE COMMUNITY

CHILDREN'S BUREAU
U.S. DEPARTMENT OF LABOR — WASHINGTON, D.C.

UNITED STATES DEPARTMENT OF LABOR

Frances Perkins, Secretary

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CHILDREN'S BUREAU

Katharine F. Lenroot, Chief

The Child is published monthly by the Children's Bureau, United States Department of Labor. Its publication was approved by the Director, Bureau of the Budget, May 12, 1936, to meet the need for an exchange of information between the Children's Bureau and the various agencies actively engaged in furthering the interests of children. It contains articles, brief reports, news items, and reviews of new publications relating to current developments in the fields of child health, child welfare, juvenile delinquency, and the employment of minors in the United States and in other countries.

The Children's Bureau does not necessarily endorse or assume responsibility for the statements or opinions of contributors not connected with the Bureau.

The Social-Statistics Supplement, issued four times a year, contains summaries of current social statistics relating to child welfare, prepared by the Bureau's Division of Statistical Research.

The Child (with Social-Statistics Supplements) is sent free on request to a restricted list, including State and local officials and agencies actively engaged in work for or with children. Others may subscribe through the Superintendent of Documents, Government Printing Office, Washington, D. C. (price, $1 a year; 10 cents a copy; postage additional outside the United States).

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THE CHILD MONTHLY NEWS SUMMARY

Volume 4, Number 7 January 1940

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EMPLOYMENT PROBLEMS OF MINORS

The Significance of Child-Labor Day

January 27–29, 1940

By Katharine F. Lenroot

Chief, U. S. Children's Bureau

The hope and determination of parents that their children have a better chance than they had motivates thought and action along many lines in the United States. Individually as parents and collectively as a people we act on it. One direction in which its influence has been potent is that of child employment.

Many thousands of parents of today started their working lives at 13, 14, or 15 years of age. That does not mean merely that they did some chores after school. They were full-time wage earners—and full time in those days meant 10 or even 12 hours a day—in cotton mills, in glass factories, in coal mines. That was the situation 34 years ago when Child-Labor Day was observed for the first time.

Today, it is true, there are still children working under harmful conditions in local industries, especially industries of types that are not easily regulated. There are still children employed in many kinds of work—agriculture, domestic service, street trades—when they should be in school. Results of the 1940 census must be awaited for a Nation-wide count of children employed in all occupations today. On the basis of the number of employment certificates for children leaving school for work which were issued last year in States and cities reporting to the Children's Bureau, there is reason to hope, however, that progress in reducing child labor will be shown which compares favorably with that during the two previous decades. In 1910, 18.4 percent of the children 10–15 years of age, inclusive, were employed; in 1920, 8.5 percent; and in 1930, 4.7 percent.

In the schools there has taken place a steady increase in number of pupils enrolled, especially in the upper grades and the high schools, concurrently with the decrease in child employment. Only the lucky children went to high school a generation ago. Figures for school enrollment of children 10–15 years of age inclusive, are not available separately. However, the figures for enrollment in secondary schools, corresponding roughly to the group of children 14–17 years of age inclusive, show that in 1910 less than one in six (15.4 percent) was attending high school; in 1936 the ratio had risen to four in six (67.2 percent).

The accompanying charts show how the ranks of the child laborers have thinned and the ranks of the high-school pupils have multiplied in the past 30 years. This has not been accomplished easily nor without many setbacks and discouragements, and the process is not yet complete. Would so great an advance have occurred, however, without a driving determination to give the next generation a better chance than the last one had?—a determination that has borne fruit in State and Federal legislation and in improved standards of education.

The largest single factor in improving the child-labor situation during the past year or two, it is generally agreed, has been the Fair Labor Standards Act of 1938. The child-labor provisions of the act protect each State that raises the basic minimum age for employment to 16 years from the danger of having its markets stolen by child-labor-made goods from States with lower standards. It does this by barring goods produced in establishments employing under-age children from shipment across State lines. Twelve of the 48 States have adopted the 16-year minimum age for local industries as well as for interstate. Other States, it is to be hoped, will take similar action within the next few years to protect the children within their borders.

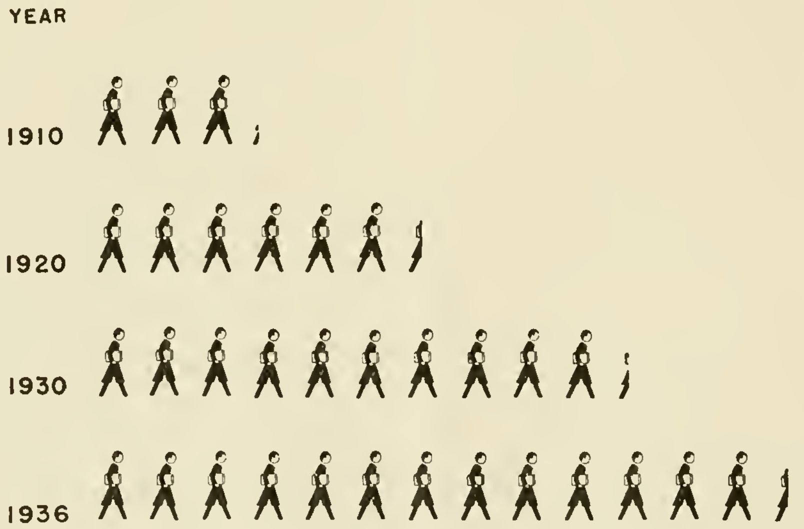
But child labor and lack of schooling are only a part of the burden that may handicap children.

There rests on us as adults—as parents, teachers, workers—the obligation inherent in our civilization to see to it that the children of today have a better chance than those of yesterday and the children of tomorrow a better chance than those of today, in terms of health and nutrition, of family stability and economic security, of racial equality, of vocational opportunity.

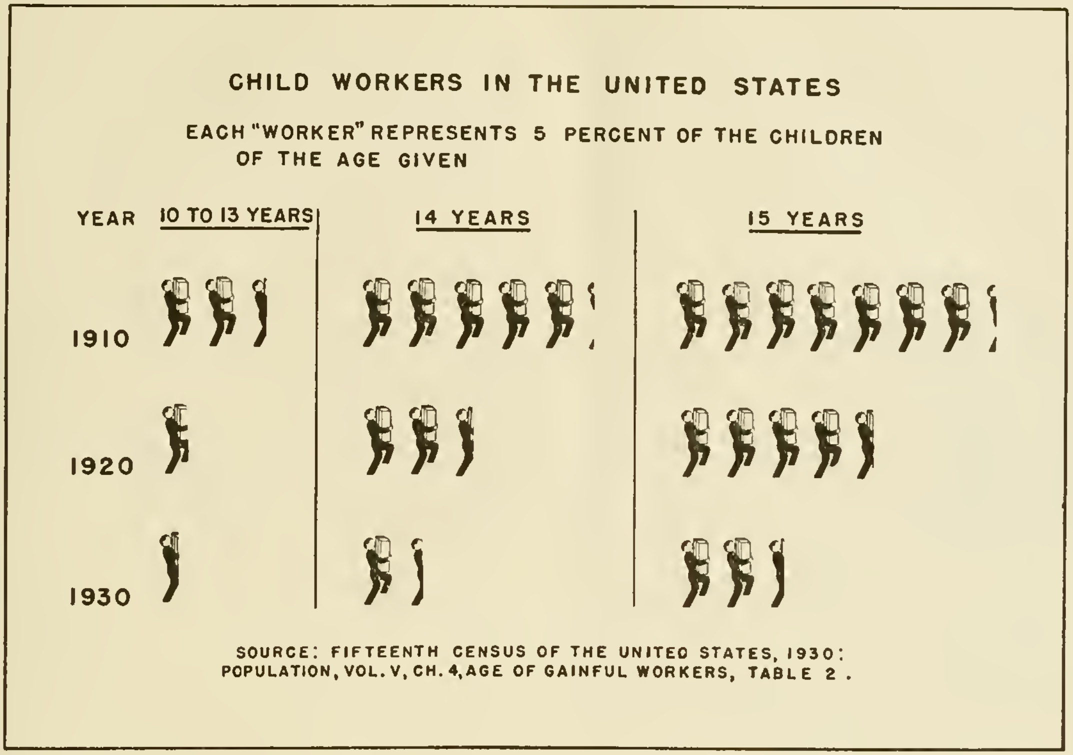
Child-Labor Day in 1940 follows close on a new expression through the White House Con-

HIGH-SCHOOL ENROLLMENT IN THE UNITED STATES

EACH "STUDENT" REPRESENTS 5 PERCENT OF THE CHILDREN 14-17 YEARS OF AGE, INCLUSIVE



SOURCE: BIENNIAL SURVEY OF EDUCATION, 1934-36, VOL. II, CH. I, TABLE 9; PERCENTAGE DERIVED BY DIVIDING SECONDARY-SCHOOL ENROLLMENT BY THE TOTAL POPULATION 14-17 YEARS OF AGE, INCLUSIVE.



CHILD WORKERS IN THE UNITED STATES

EACH "WORKER" REPRESENTS 5 PERCENT OF THE CHILDREN OF THE AGE GIVEN

SOURCE: FIFTEENTH CENSUS OF THE UNITED STATES, 1930: POPULATION, VOL. V, CH. 4, AGE OF GAINFUL WORKERS, TABLE 2.

ference on Children in a Democracy of the concerted will to improve the outlook for children. From this Conference, the fourth to be held at intervals of about 10 years, may well emerge plans for safeguarding the children of the country that will translate into action the hopes and aspirations of parents in every walk of life.

International Labor Conference of American States

Habana, November 21–December 2, 1939

By Beatrice McConnell

Director, Industrial Division, U. S. Children's Bureau

ADVANCES of a substantial nature were recorded in the resolutions on the employment of young persons, which were adopted at the Habana Conference of American States that are members of the International Labor Organization, November 21–December 2, 1939. This was the second regional conference of American States. The first regional conference was held in Santiago, Chile, in January 1936. The agenda for the Habana Conference included consideration of the Director's Report on the Action Taken To Give Effect to the Resolutions Adopted by the Santiago Conference,[1] and the subjects of social insurance, immigration and settlement, and conditions of work of women and children. The work of the Conference in these three broad fields was carried on by three committees: A committee on social insurance; a committee on immigration and settlement; and a committee on the work of women and young persons.

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[1] International Labor Office, Geneva, 1939. 216 pp.

Sixteen American States took part in the conference,[2] although not all had a tripartite representation of Government, employer, and labor delegates.

The United States Government delegates were Arthur J. Altmeyer, Chairman of the Social Security Board, and Mary N. Winslow, representative of the United States on the Inter-American Commission on Women. Clarence G. McDavitt, retired vice president of the New England Telephone & Telegraph Co., was the employers' delegate from the United States, and George Harrison, president of the Brotherhood of Railway Clerks, and James B. Carey, international president of the United Electrical, Radio, and Machine Workers of America, were the workers' delegates.

Miss Winslow, the only woman delegate to the Conference, was made chairman of the committee on the work of women and children, with Mary V. Robinson of the United States Women's Bureau and Beatrice McConnell of the United States Children's Bureau as technical advisers.

The committee on the work of women and children held seven sittings. Resolutions were adopted looking toward the ratification by the American States of the I. L. O. conventions relating to maternity protection and minimum-wage legislation. Other resolutions dealt with equal wages for equal work, the regulation of employment in domestic service and agriculture, and the control and ultimate elimination of industrial home work. One resolution commended certain States for their stand in upholding the right of married women to work, and one recognized the right of women workers to "organize for purposes of collective bargaining, to be fully represented in all bodies responsible for preparation and application of social and labor legislation, including the right to vote and hold office." Incidentally, one of the troublesome tasks of the Conference was to find a good Spanish equivalent for the phrase "collective bargaining."

The committee on the work of women and children gave careful and detailed consideration to the problems of employment of young persons. The minimum-age resolution adopted by the Santiago Conference in 1936 had called for ratification of the I. L. O. conventions, which at that time set 14 years as the age for admission to employment. As revised conventions had later raised the minimum age from 14 to 15 years for employment at sea (1936), in industry (1937), and in nonindustrial employment (1937), it was important to have action by the Habana Conference calling on the American States to ratify the *revised* conventions on minimum age, and a resolution to this effect was adopted unanimously.

The child-labor resolutions adopted by the Conference, if put into effect by the member States, will form the ground work of a progressive set of standards for child employment in the New World. Although 16 years is now considered in the United States as the generally acceptable basic minimum age for employment, the 15-year minimum age advocated at Habana represents a real advance from the point of view of the Latin American countries and for many States in the United States as well. In addition, the resolutions call for a higher age for admission to hazardous occupations, with authority given to the administrative agency to determine such occupations; the requirement of employment certificates for children entering employment and a physical examination to determine their fitness for work; and the prohibition of night work for at least 11 consecutive hours for minors under 18 years of age.

The Conference recognized the value of special services, including the support and maintenance of children until they reach the age for employment, educational and preoccupational services, specialized placement services, and vocational guidance. Other special resolutions called for the enactment of legislation to regulate the employment of children in street trades and the conditions of apprenticeship and to provide for the establishment of bureaus for women and children in countries that do not have them.

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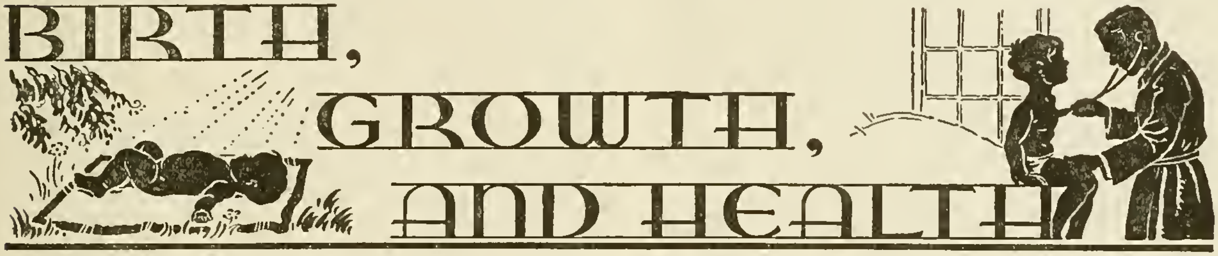
[2] Argentina, Bolivia, Brazil, Canada, Chile, Colombia, Cuba, Dominican Republic, Ecuador, Haiti, Mexico, Panama, Peru, United States, Uruguay, and Venezuela. In addition, official observers were present from Costa Rica, Guatemala, Nicaragua, and also from Jamaica (British Empire).

In view of the diverse conditions, customs, and industrial development in the countries participating, the Conference made real progress in the extent to which it was able to find common ground for agreement and the degree of elevation of that ground. Moreover, the success of the Conference in drawing together these diverse States and uniting them in working for objectives such as the protection of women and child workers should strengthen cooperative international relationships throughout the Western Hemisphere.



Mortality Among Children in a Southern State During the First 5 Years of Life

By John M. Saunders, M. D.,[1] *Director of Maternal and Child Hygiene*
and
Ruth R. Puffer, *Statistician, Tennessee Department of Public Health*

An anaylsis of mortality among children under 5 years of age is presented to indicate those deaths which are preventable with knowledge already available and to indicate where concentrated effort is needed to reduce deaths in this age group.

Measures are now known whereby deaths from some of the communicable diseases may be prevented, and it is known that deaths from gastrointestinal diseases have been reduced through improvements of sanitation and by proper feeding of the child. The importance of preventive pediatrics and some of the measures necessary for the improvement of child health in the preschool-age group have been presented in a recent publication by Casparis.[2] Blackfan, Stewart, and Farber have discussed in Brennemann's Practice of Pediatrics[3] deaths among children from preventable diseases. In spite of all the known methods for preventing mortality among children under 5 years of age and the extension of child-health programs in recent years, many deaths in this age group still occur.

In Tennessee during the 4-year period, 1934–37, 15.6 percent of all the reported deaths were of children under 5 years of age. In an effort to determine what are the causes of these deaths and how many might be considered preventable, a study of mortality among children under 5 years of age has been made for this period. As variations in mortality occur from year to year, data for 4 years have been used in order to represent the real problem in the State.

During this 4-year period there were 18,773 deaths of children under 5 years of age. As the main causes of deaths of infants are different from those of children 1 year of age and over, the causes of these deaths have been studied in two age groups: (1) Among children under 1 year of age (infant deaths); and (2) among children 1 through 4 years. Of all the deaths of children under 5 years of age, 13,430, or 71.5 percent, were infant deaths. However, 5,343, or 28.5 percent, of the deaths were of children 1 to 4 years of age. Although the death rate for children in the older age group is lower than that for infants, mortality can probably be reduced more easily among children 1 to 4 years of age than among infants, for the proportion of deaths from preventable diseases is greater.

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[1] Since writing this article, Dr. Saunders has left the Tennessee Department of Public Health and has joined the staff of the United States Children's Bureau as medical consultant.

[2] Casparis, Horton: Preventive Pediatrics. *Southern Medical Journal,* Vol. 30 (July 1937), pp. 746–750.

[3] Brennemann's Practice of Pediatrics. 1: Ch. II, 1937.

Malformations and diseases of early infancy were responsible for 27.9 percent of all the deaths of children under 5 years of age, as is shown in table 1. Practically all these deaths were of infants under 1 month of age. This large number of deaths due to malformations and diseases of early infancy in children under 1 month of age is a big factor in the high infant death rate now prevailing. The cause of death of 2,988 infants, or 57 percent of these deaths, was stated as prematurity. Some of these deaths are preventable. However, many of the deaths in this group of malformations and diseases of early infancy are unavoidable with the information now at hand and are not discussed further in this paper.

Ill-defined or unknown causes accounted for 13.2 percent of all the deaths. The proportion of deaths due to ill-defined or unknown causes was greater among infants (16.4 percent) than among children 1 to 4 years of age (5.3 percent). This may be due in part to the difficulty of diagnosis of the causes of deaths of infants and in part to the fact that at the time of death a physician may be in attendance on more of the older children than of the younger ones, who often die very quickly after the onset of their illness. Better diagnosis and care of sick children, especially of infants, is a definite need in a program for reducing mortality and improving child health.

"All other specific causes" were responsible for 6.6 percent of the infant deaths and 19.2 percent of the deaths among children 1 to 4 years of age. Deaths due to accidents are included in the group "all other specific causes" and were responsible for 33.7 percent of all these deaths. The remainder of the deaths from "all other specific causes" were due to various causes such as diseases of the nervous, digestive (other than gastrointestinal), urinary, and circulatory systems and to the endocrine glands and the blood-making organs. As a relatively small number of deaths were due to these causes, they

TABLE 1.—*Cause of death among children under 5 years of age during the period 1934–37; resident data, Tennessee*

Cause of death	Total		Age group			
			Under 1 year		1 to 4 years	
	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution
Total	18, 773	99. 9	13, 430	100. 0	5, 343	100. 0
Malformations and diseases of early infancy	5, 238	27. 9	5, 182	38. 6	56	1. 0
Respiratory diseases	3, 726	19. 8	2, 326	17. 3	1, 400	26. 2
Gastrointestinal diseases [1]	3, 011	16. 0	1, 811	13. 5	1, 200	22. 5
Ill-defined and unknown causes	2, 487	13. 2	2, 202	16. 4	285	5. 3
Infectious diseases	2, 400	12. 8	1, 024	7. 6	1, 376	25. 8
All other specific causes	1, 911	10. 2	885	6. 6	1, 026	19. 2

[1] Gastrointestinal diseases include dysentery.

have not been studied in detail, although many of these deaths are preventable. On the other hand, respiratory diseases, gastrointestinal diseases, and infections caused almost half (48.7 percent) of the deaths, and knowledge is already available for the prevention of many of these deaths.

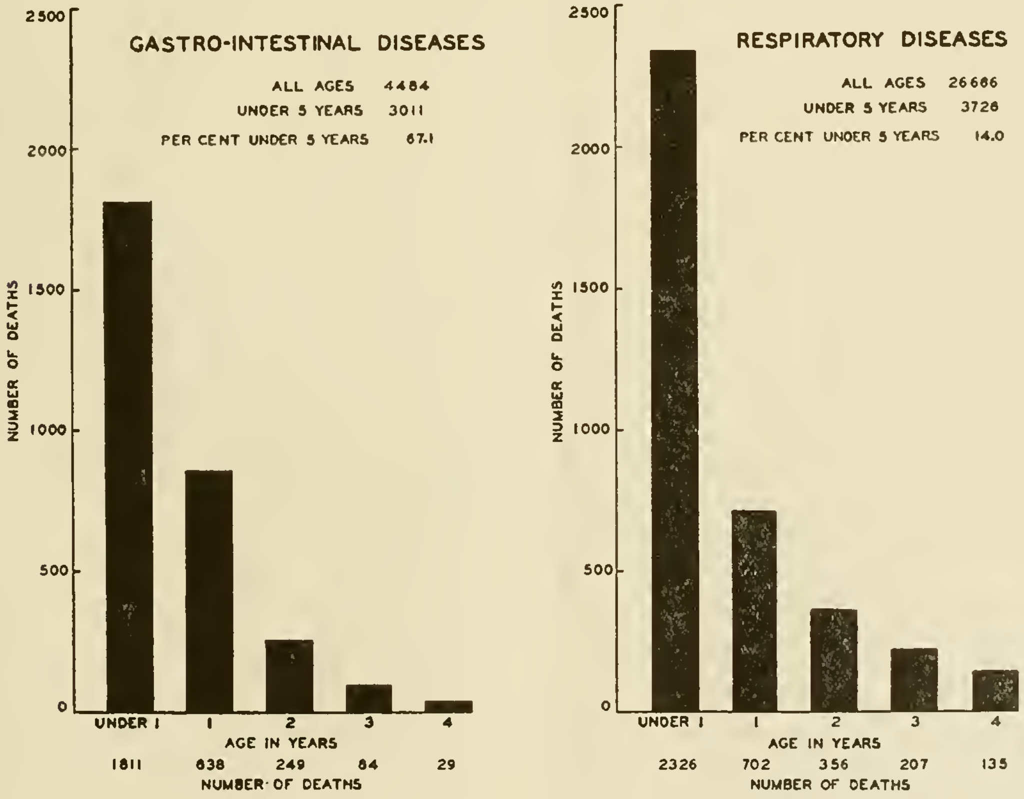
From this discussion of the causes of death, it is evident that many of the deaths among children under 5 years of age are due to causes for which preventive measures are already known. The proportion of deaths from known, preventable causes is greater among children 1 to 4 years of age than among infants. Deaths due to causes and accidents which may be prevented by the application of information now available, therefore, have been studied in detail in an effort to determine exactly when these deaths occur and where the greatest care is needed to reduce mortality from them.

Respiratory Diseases

Respiratory diseases were responsible for more deaths among children under 5 years of age than any other cause except malformations and diseases of early infancy. Of all the deaths under 5 years of age, 19.8 percent were due to respiratory diseases.

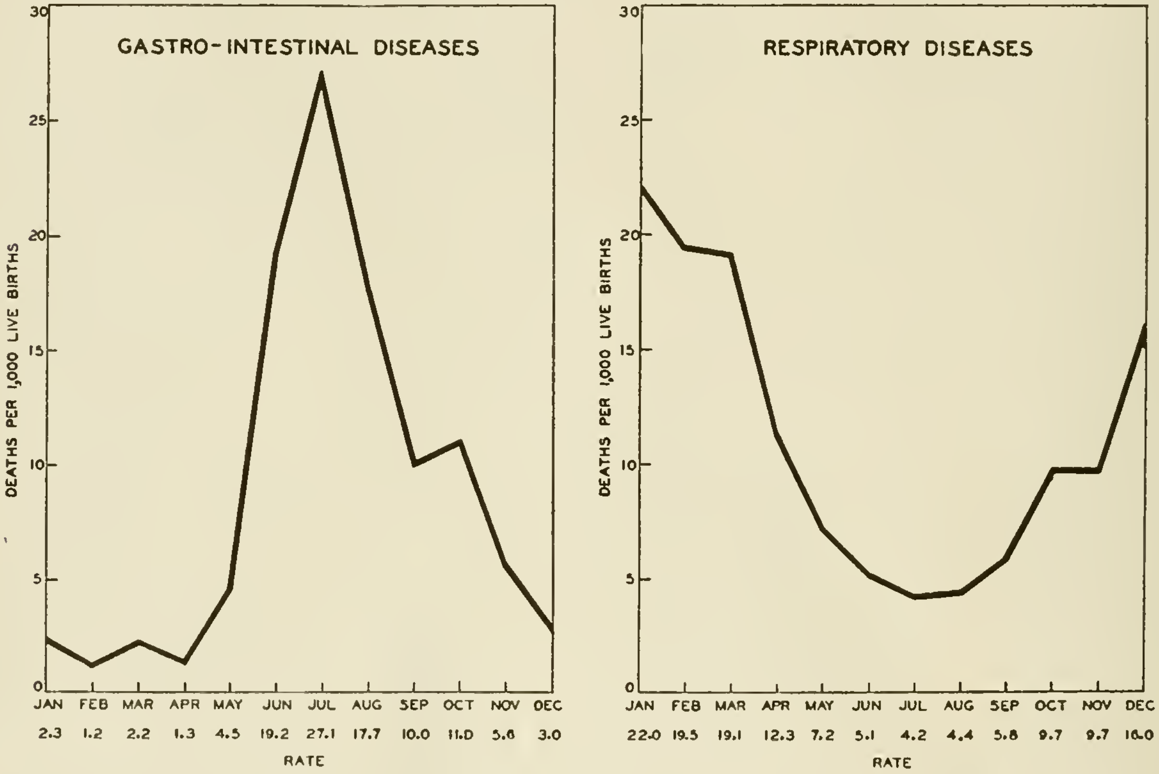
Chart 1 shows that the majority of these deaths from respiratory diseases—2,326, or 62.4 percent—occurred during infancy and that there was a definite decline in the number of deaths as the year of age increased. As infancy is the greatest danger period from respiratory diseases, it is desirable to know at what time during infancy these deaths are most likely to occur. Further study shows that the greatest number of these deaths among infants occurred under 6 months of age and that the number of deaths decreased with each succeeding month of age. Chart 2 shows that the

Chart 1.—DEATHS OF CHILDREN UNDER 5 YEARS OF AGE FROM GASTRO-INTESTINAL AND RESPIRATORY DISEASES, BY AGE AT DEATH, FOR THE 4-YEAR PERIOD 1934–37; RESIDENT DATA, TENNESSEE



death rates from respiratory diseases among infants are highest during the cold months of the year.

Chart 2.—AVERAGE MONTHLY DEATH RATES PER 1,000 LIVE BIRTHS OF INFANTS UNDER 1 YEAR OF AGE, BY CALENDAR MONTH OF DEATH, FOR THE 4-YEAR PERIOD 1934–37; RESIDENT DATA, TENNESSEE



Respiratory diseases occur throughout life with a high mortality rate for all ages. Many of the deaths from this cause could be prevented. Effort should be made to protect children, especially infants, from exposure to respiratory infections, and every effort should be made to give children with respiratory infections the best care possible during their illness. Experience has also shown that children who have received good care early in life and are in good nutritional condition are less likely to die when they contract a respiratory disease than those who have not received this care.

Gastrointestinal Diseases

Gastrointestinal diseases, including dysentery, were responsible for 16.0 percent of all the deaths among children under 5 years of age. As is shown in chart 1, this disease is most serious in very young children. Mortality is greater among infants and children 1 year of age than among the older ones. Further analysis of the deaths under 1 year of age shows that although deaths occur among infants at each month of age, there are more deaths among infants from 2 to 6 months of age than among infants under 2 months and 7 months and over. Chart 2 shows that the greatest number of these deaths among infants occurred during the hot months of the year.

Practically all the deaths from gastrointestinal diseases are preventable. Deaths from typhoid fever at all ages have been reduced to a great extent, but little has been accomplished in preventing deaths from dysentery and other gastrointestinal diseases among children in Tennessee. Information about the proper feeding of infants and the harmful effects of dirty or contaminated milk should be more widespread.

The problem of preventing gastrointestinal diseases is an important one for children in the Southern States, and a great deal needs to be done to prevent deaths from this cause, which occur chiefly among infants during the hot summer months.

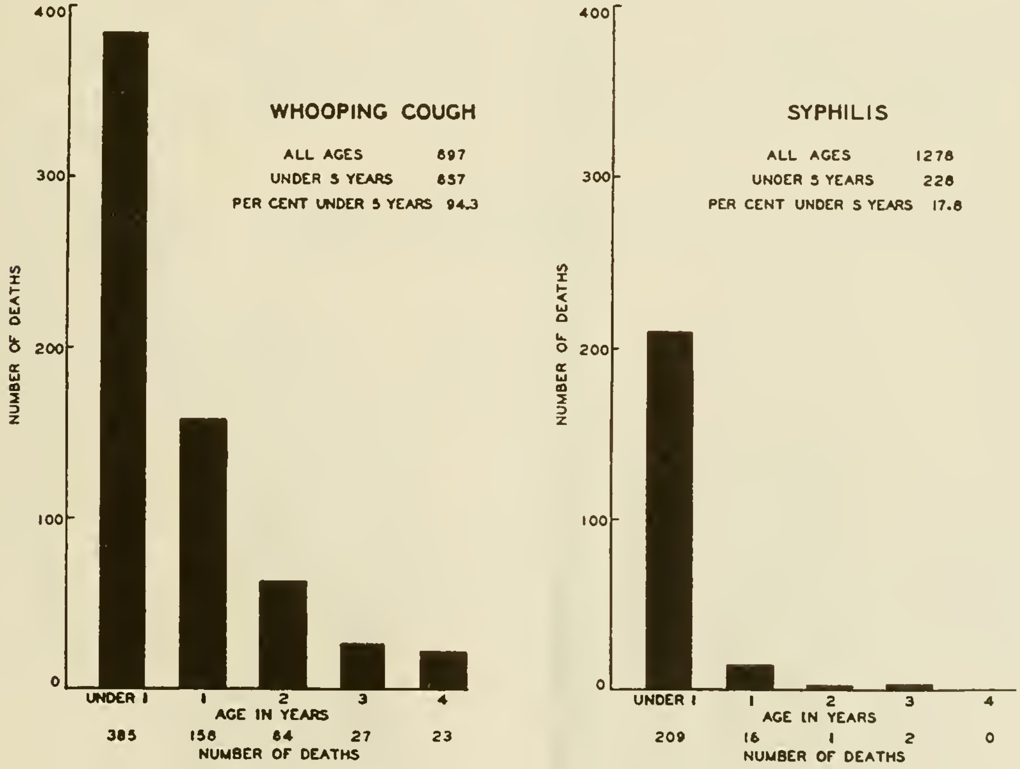
INFECTIOUS DISEASES

Measures are now known whereby many of the deaths from infectious diseases may be prevented. However, in spite of this knowledge, 7.6 percent of all the infant deaths and 25.8 percent of all deaths of children 1 to 4 years of age were caused by infectious diseases. Whooping cough, syphilis, measles, and diphtheria caused 71 percent of the deaths due to infectious diseases. Since these four causes are responsible for such a large proportion of the deaths, it is desirable to show in detail where the greatest care is needed to prevent them.

Deaths from whooping cough are most common among children under 5 years of age, for 94.3 percent of all these deaths occurred among children of this age group. Chart 3 shows that the greatest proportion (58.6 percent) of deaths from whooping cough under 5 years of age were among children under 1 year of age. This same finding has been shown for the United States registration area by Collins.[4] A great many of these deaths occurred among children less than 6 months of age.

Since the greatest proportion of these deaths occur among children under 1 year of age, every effort should be made to prevent exposure of small babies to whooping cough. If immunization against whooping cough is attempted it must be done early in life if it is to be effective

Chart 3.—DEATHS OF CHILDREN UNDER 5 YEARS OF AGE FROM WHOOPING COUGH AND SYPHILIS, BY AGE AT DEATH, FOR THE 4-YEAR PERIOD 1934–37; RESIDENT DATA, TENNESSEE



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[4] Collins, Selwyn D.: Age Incidence of the Common Communicable Diseases of Children. *Public Health Reports*, Vol. 44, No. 14 (April 5, 1929), pp. 763–826.

in preventing deaths from this cause in young infants. Even if immunization against whooping cough is not done early enough in life to prevent deaths in very young infants, the immunization of older children may aid in preventing them from having the disease and from exposing very young children. This in turn may aid in reducing mortality from whooping cough.

Deaths from syphilis among children under 5 years of age occur almost entirely during the first year of life as is shown in chart 3. Of the 228 deaths among children under 5 years of age 209 occurred among children under 1 year of age. As expected, the greatest proportion of the infant deaths from syphilis occurred during the first few months of life.

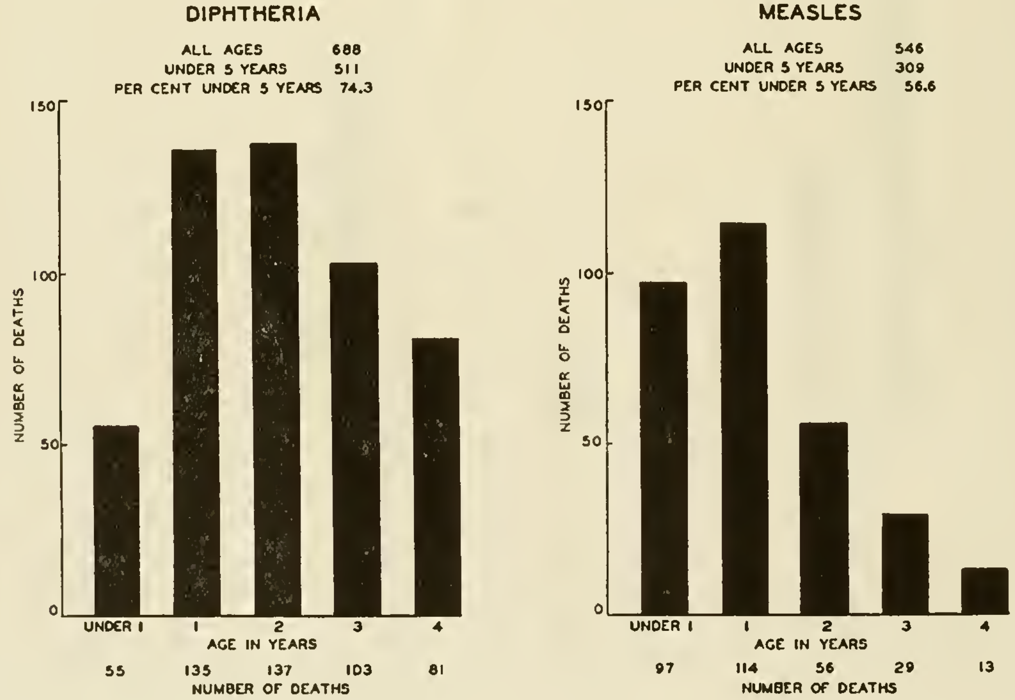
This problem is one of prenatal care, and all deaths due to syphilis may be prevented by adequate antisyphilitic treatment of the mother during the prenatal life of the child.

The prevention of deaths due to diphtheria is largely a problem concerning the infant and preschool child, as 74.3 percent of all the deaths from this disease occurred in children under 5 years of age. Chart 4 shows the number of deaths from diphtheria for each year of life among children under 5 years. Of the 511 deaths from diphtheria among these children, 272, or 53.2 percent, were of children 1 and 2 years of age; the numbers were smaller for infants and children over 2 years of age.

Deaths due to diphtheria are preventable, for we have an immunizing agent against the disease. Nevertheless, deaths from diphtheria still occur. Every effort should be made to protect children against diphtheria before they are 1 year of age. If this were done the large number of deaths of children 1 to 4 years of age from this cause could be prevented.

Deaths from measles also occur very frequently in early childhood, as 309, or 56.6 percent, of all deaths from measles were of children under 5 years of age. A total of 211, or 68.3 percent, of the 309 deaths during this period were of children under 2 years of age, as

Chart 4.—DEATHS OF CHILDREN UNDER 5 YEARS OF AGE FROM DIPHTHERIA AND MEASLES, BY AGE AT DEATH, FOR THE 4-YEAR PERIOD 1934–37, RESIDENT DATA, TENNESSEE



is shown in chart 4. With the knowledge available it may be that all deaths due to measles are not preventable, but effort should be made to prevent exposure of small children to this disease or to attempt to prevent or modify the disease after exposure.

ACCIDENTS

During this 4-year period, 1934–37, there were 644 deaths of children under 5 years of age due to accidents. The prevention of deaths from accidents is also a problem concerning very young children.

Chart 5.—DEATHS OF CHILDREN UNDER 5 YEARS OF AGE FROM ACCIDENTS, BY AGE AT DEATH AND CAUSE OF ACCIDENT, FOR THE 4-YEAR PERIOD 1934–37, RESIDENT DATA, TENNESSEE

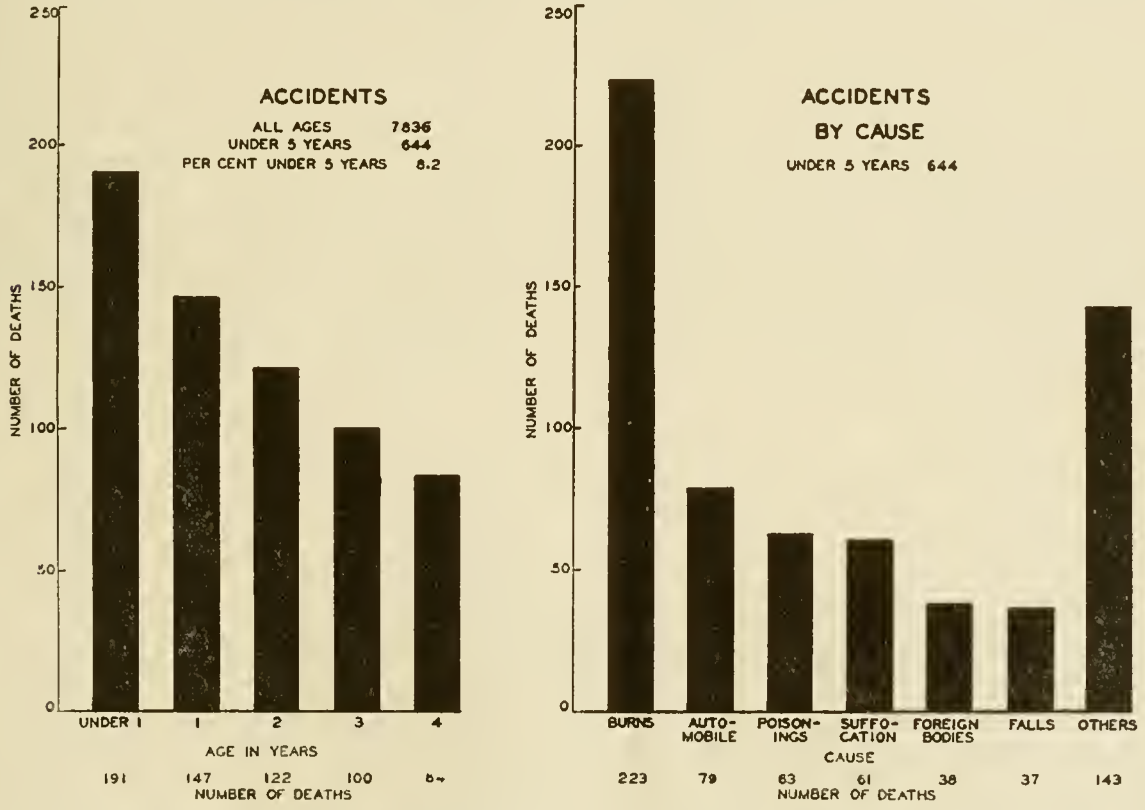


Chart 5 shows the number of these deaths by age and the number by cause. More than half (52.5 percent) of the deaths of children under 5 from accidents occurred among children under 2 years of age. The causes of these deaths among children under 5 years of age and among those under 1 year and 1 through 4 years are shown in table 2.

Burns were the greatest single cause of the deaths due to accidents among children 1 to 4 years of age. Suffocation other than that occurring at the time of delivery was the cause of 31.4 percent of the deaths from accidents among children under 1 year of age.

The problem of preventing deaths in little children is one that deserves serious consideration. It is futile to prevent deaths from infections and then allow children to die from accidental causes.

Certainly, deaths from suffocation and poisoning are preventable. Provision should be made to prevent children from falling into the fire or into hot water, and no child should be allowed to eat or play with objects which he might aspirate.

Table 2.—*Cause of deaths due to accidents among children under 5 years of age during the 4-year period 1934–37; resident data, Tennessee*

Cause of death	Total		Age group			
			Under 1 year		1 to 4 years	
	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution
Total	644	100. 0	191	100. 0	453	100. 2
Burns	223	34. 6	26	13. 6	197	43. 5
Automobile accidents	79	12. 3	9	4. 7	70	15. 5
Poisoning	63	9. 8	17	8. 9	46	10. 2
Suffocation	61	9. 5	60	31. 4	1	. 2
Foreign bodies	38	5. 9	11	5. 8	27	6. 0
Falls	37	5. 7	10	5. 2	27	6. 0
Other	143	22. 2	58	30. 4	85	18. 8

SUMMARY

A study of mortality in Tennessee among children under 5 years of age has been presented to indicate those deaths which may be prevented and where efforts may be concentrated to be most effective in the reduction of mortality in this age group. Emphasis has been placed on the deaths from causes for which measures are already known whereby mortality may be decreased to a large extent. The reduction of mortality among children under 5 years of age is an important problem, and effort should be made to apply preventive pediatric measures to children of this age group.

Tift County Demonstration in Maternal Health

Achievements of the Tift County (Ga.) demonstration of maternal and child-health services during the first 6 months of 1939 are summarized in the semiannual report of the Georgia State Department of Public Health, Division of Maternal and Child Health. The following points are noted:

Delivery nursing service was provided for 88 percent of the women delivered by physicians in the county.

Postpartum nursing visits were made to 89 percent of all women delivered in the county, including both midwives' and physicians' patients. Most of the patients were visited three times.

Prenatal care for more than 2 months prior to delivery was reported for 61 percent of the patients who received any form of demonstration service. This includes physicians' patients and clinic patients.

A reduction in deaths from causes associated with maternity was reported and also "a very dramatic reduction" in stillbirths.

The Merit System in State Social-Security Programs

The 1939 amendments to the Social Security Act provide that after January 1, 1940, State plans for maternal and child-health services and services for crippled children must show methods of administration relating to the establishment and maintenance of personnel standards on a merit basis.

After full discussion with committees of the State and Territorial health officers and with a conference of all State health officers, the Children's Bureau has issued as of November 1, 1939, two statements: Recommended Standards for the Establishment and Maintenance of a Merit System of Personnel Administration and for Qualifications of Certain Classes of Professional Employees in State and Local Agencies Administering Maternal and Child-Health Services, Services for Crippled Children, or Child-Welfare Services; and Policies Adopted by the Children's Bureau as a Basis for Review of Provisions for a Merit System of Personnel Administration in State Plans.

The statement on "Recommended Standards" covers jurisdiction, merit-system organization, prohibition of discrimination, limitation of political activity, classification plan, compensation plan, application to employees already in service, recruitment and appointment of new personnel, promotion, furloughs and separations, service ratings, and personnel records.

The classes of professional employees for whom qualifications are recommended include medical personnel, dental personnel, public-health-nursing personnel, nutritionists, medical social personnel, physical-therapy personnel, and supervisor of the merit system.

Under the statement of policy it is required that a State plan to be approved must show that the State agency administering the plan is operating under or is taking steps toward the introduction of a merit system of one of the three following types: (*a*) A State civil-service system; (*b*) a joint merit system including two or more State agencies; or (*c*) a merit system maintained by the State administrative agency.

In response to inquiries in regard to the author of The Essentials of Adequate Maternal Care in Rural Areas, which appeared in *The Child*, November 1939, the Children's Bureau is glad to give the following facts: Dr. Charles Henry Peckham, Jr., is a part-time obstetric consultant for the Maryland State maternal and child-health services conducted by the Bureau of Child Hygiene of the State Department of Health. Dr. Peckham is also an associate professor of obstetrics at Johns Hopkins University School of Medicine.

BOOK NOTES

The Psychological Aspects of Pediatric Care, by Benjamin Spock and Mabel Huschka. State Charities Aid Association (105 East Twenty-second St.), New York, 1938, pp. 757–808. 25 cents.

The New York State Committee on Mental Hygiene of the State Charities Aid Association has reprinted this pamphlet from the Practitioners Library of Medicine and Surgery.

Spock and Huschka emphasize the importance of the very earliest days and weeks of life in establishing successful life patterns. Feeding, they say, is the first and therefore the most important biological need with which the infant's attitudes toward himself and toward others become linked. When feeding has gone well, it gives a basis for other life functions to do likewise. And when it has been unsatisfactory, the tendency is for the bad pattern to be passed on to other functions.

To insure a good feeding experience for an infant, these authors urge that the infant be allowed to take an active part in establishing the feeding routines, the mother maintaining a passive role in which she satisfies the infant's needs as they arise. Prolonged periods of crying are to be avoided. There is impressive evidence, say Spock and Huschka, from psychiatric work with children and adults that prolonged periods of crying do permanent harm to the infant's character at a crucial time in its formation, habituating him to unhappiness and to the expectation of a period of misery before he can hope for satisfaction.

Weaning is discussed at some length, and the long-time effects of an abrupt termination of such a satisfying experience as nursing are brought out. Therapy for established undesirable behavior patterns in infancy and childhood is discussed in the light of the authors' belief that these patterns are the result of very early frustrations of the infant. D. V. W.

The Participation of Medical Social Workers in the Teaching of Medical Students. American Association of Medical Social Workers, Chicago, 1939. 68 pp. $1.50.

Recognizing the importance of social factors in the diagnosis and the treatment of illness, some teachers of medicine are including in their clinical instruction, demonstrations of the significant medical and social interrelationships. Since they are turning to medical social workers for assistance in preparing teaching material, this report is made for those medical social workers assuming such a responsibility.

The range of different methods of teaching as practiced today is given, with a discussion of case method as the most widely used and the most suitable. The conclusion is reached that a recognition of the teaching objectives is more important than the method used. The primary objective is an "interpretation of the social aspects of medicine, not instruction in medical social work." Principles enunciated are that the primary responsibility should rest upon the medical school, that a real integration of the medical social worker's contribution with medical objectives should be sought, and that medical social teaching must grow out of adequate practice of medical social case work.

Your Child's Food, by Miriam E. Lowenberg. Whittlesey House, New York. 1939. 299 pp. $2.50.

This book is a rewritten and greatly enlarged version of an earlier publication called "Food for the Young Child." The author writes from her experience in supervising more than 35,000 meals for children at the nursery school of Iowa State College. The chapters deal with the nutritive needs of babies and preschool children and ways of meeting these needs through food so prepared and served as to retain its nutritive values and enhance its attractiveness. The sections on infant feeding and the dietary management of allergy in childhood are written by Dr. Katherine Bain of the pediatric staff of the Medical School of Washington University. A specialist in nursery-school education contributes the chapter on the development of good eating habits.

As the book is addressed primarily to mothers, emphasis is placed on feeding children as members of a family group. However, much of the discussion should be equally helpful to directors of food service in nursery schools or child-caring institutions. For example, recipes for foods that are suitable for young children and also acceptable to adults are given in two parts—to serve a family of 6 and a group of 30, respectively.

M. M. H.

Nutrition in Everyday Practice. A series of articles and addresses taken from the *Canadian Medical Association Journal*, 1938–39. 94 pp.

To encourage physicians to make more general application of the principles of normal nutrition in their everyday practice, the Committee on Nutrition of the Canadian Medical Association obtained for the official journal a series of "short, practical, authoritative articles." These articles, together with four radio broadcasts by well-known British and American nutrition workers, have been reprinted in this pamphlet, which has a limited free distribution in Canada.

SOCIAL WELFARE OF CHILDREN

The White House Conference on Children in a Democracy

Second Session, January 18–20, 1940

On January 18, 1940, there convenes in Washington the second session of the White House Conference on Children in a Democracy, the first session of which was held April 26, 1939. The program includes an evening session at the White House on January 19, with an address by the President of the United States, as Honorary Chairman of the Conference, and a reception by Mrs. Roosevelt, Honorary Vice Chairman. Attendance will be limited to the officially invited members of the Conference. More than 600 persons, representing every State, are members of the Conference.

The opening meeting of the second session, as announced in the preliminary program, is a general one in the Departmental Auditorium on the morning of January 18. At this session, with the Secretary of Labor presiding as chairman of the Conference, the General Report of the Conference will be presented by Homer Folks, chairman of the Report Committee, for consideration by members of the Conference. The presentation of the report will be followed by discussion by members of the Planning and Report Committees, including Elisabeth Christman, executive secretary, National Women's Trade Union League; Mrs. Katharine Dummer Fisher; A. Graeme Mitchell, M. D., professor of pediatrics, College of Medicine, University of Cincinnati; W. R. Ogg, director of research, American Farm Bureau Federation; Floyd W. Reeves, director of the American Youth Commission; and C.-E. A. Winslow, professor of public health, School of Medicine, Yale University.

The afternoon session on January 18 is reserved for group meetings for the discussion of reports on the following topics:

1. The Family as the Threshold to Democracy.
2. Economic Resources of Families and Communities.
3. Housing the Family.
4. Economic Aid to Families.
5. Social Services for Children.
6. Children in Minority Groups.
7. Religion and Children in a Democracy.
8. Health and Medical Care for Children.
9. Education Through the School.
10. Child Labor and Youth Employment.
11. Child Development Through Play and Recreation.

General sessions will be held both morning and afternoon on January 19, with the chairman of the Conference presiding, and will be devoted to discussion of the General Report and action on the report.

Action of the Conference will be reported at the evening session January 19 at the White House.

The Conference will close with a general session in the Departmental Auditorium on the morning of January 20, at which the chairman of the Conference will preside. Speakers on the general subject, Translating the Conference Report Into Action, will include Mrs. Saidie Orr Dunbar, president of the General Federation of Women's Clubs, who will discuss plans for Nation-wide consideration and action, and Mrs. Franklin D. Roosevelt, who will speak on the challenge to the individual and the community.

A subcommittee to plan a follow-up program for discussion by members of the Conference has been appointed by the Secretary of Labor following a recommendation of the Planning Committee. Mrs. Saidie Orr Dunbar is chairman of the subcommittee. The other members serving on the subcommittee are Elisabeth Christman, Martha M. Eliot, M. D., Homer Folks, Henry F. Helmholz, M. D., Rev. Bryan J. McEntegart, Mrs. J. K. Pettengill, Floyd Reeves, Josephine Roche.

The officers of the Conference, in addition to the Honorary Chairman and Honorary Vice Chairman are as follows: Frances Perkins, Secretary of Labor, *chairman;* Milburn L. Wilson, Homer Folks, Frank P. Graham, Henry F. Helmholz, M. D., Rt. Rev. Msgr. Robert F. Keegan, Jacob Kepecs, and Josephine Roche, *vice chairmen;* Katharine F. Lenroot, *executive secretary;* Emma O. Lundberg, *assistant secretary;* Philip Klein, *research director.*

Conference Broadcasting Program

January 19–21, 1940

The special broadcasting program arranged for the White House Conference on Children in a Democracy through the courtesy of the broadcasting companies is given below.

Radio schedules should be consulted so that any change in plans or in hours of broadcasts while the Conference is in session may be noted. The hours given are all eastern standard time.

Friday, Jan. 19 10:30–11 p. m.	The address of President Roosevelt to members of the Conference will be broadcast over three networks from the East Room of the White House.
Saturday, Jan. 20 9:45–10:15 a. m.	Mrs. Roosevelt's address to the closing session will be broadcast over the Columbia Broadcasting System network. Mrs. Dunbar's address will also be broadcast.
Saturday, Jan. 20 5–6 p. m.	"Bringing up a President," a 1-hour dramatized narrative of the work of the White House Conference and of child-welfare needs in the United States. National Broadcasting Company, red and blue networks.
Sunday, Jan. 21 8–9 p. m.	American Forum of the Air. The regular Sunday night program of the American Forum of the Air will be devoted to a discussion of the Conference proceedings by a group of Conference members and distinguished guest speakers. Mutual Broadcasting System.

Returns on the Welfare Dollar[1]

By Mary L. Buckley
Supervisor, Child Welfare Services, Connecticut

Child-welfare services are perhaps less well known than some of the other provisions under the Social Security Act because they offer a service program only and include no funds for relief or child placing.[2] Moreover, they are primarily concerned with children, who are inarticulate about their needs and about their lack of security.

In Connecticut, child-welfare services are under the Office of the Commissioner of Welfare, Bureau of Child Welfare. Federal funds in the amount of $18,703.99 are available annually for salaries, travel, and incidentals.

The State program for children, as carried out by the Bureau of Child Welfare, is regulated by statute. As prescribed by law only the cases of neglected and uncared for children, for whom petitions have been filed for commitment for care away from their own homes, are eligible for investigation and supervision by the Bureau of Child Welfare. Of necessity, therefore, the emphasis is on remedial, not preventive work. The Bureau also places and supervises children after finding suitable homes for them and licenses independent boarding homes.

The objectives of child-welfare services under the Social Security Act are the prevention of dependency, delinquency, and neglect. As we believe that for a child deprived of his own home there is no *real* substitute, our major emphasis is on cases referred sufficiently early that through case work the family unit may be preserved. Removing a child from an unsatisfactory environment to a good one is a concrete act, but making the child's own environment satisfactory seems more desirable, if this can be done. In working year after year with children committed for care, we inevitably come to the conclusion that children should be removed from their own homes only as a last resort. The words, "own home," "own mother," and so forth, have deep significance for children. In child placing we expect the child to adjust. Why not attempt to bring about the adjustment of the community and the home for the child? One selectman has put it more simply than any social worker could or would! After explaining our services to him, he said, "O. K., you mean if there is trouble brewing in any family where there are kids, let you know." This is a little comprehensive, but the acceptance of that responsibility may bring about a gradual change from the present conception of child care in Connecticut as removal of the child from his own home to a future one of working with children in their own homes.

We are now working in three counties and plan to begin work soon in a fourth. Experience will show whether there is a need for services in areas chiefly rural or in all areas. We must keep in mind, however, that it is primarily a rural program, and our services should be offered only where there is insufficient family service.

It is not possible to determine what the actual savings in public money or in human welfare have been, but we are convinced that there have been some satisfactory returns on the expenditure of the child-welfare dollar. The following illustration is based on a real situation in the State:

> The L. family consists of the father, who drinks; the mother, who is ignorant and discouraged; and eight children. Joe is a problem in school, and the rest of the children are of low mentality. Weary of struggling with this family the town brought petitions for the commitment of the children away from home. The father and mother are fond of their children and of each other. Child-welfare services asked the local

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[1] Discussion by Mrs. Buckley on Financing Connecticut's Social-Welfare Program, at the Connecticut Conference of Social Work, October 26, 1939.

[2] Title V, pt. 3, Social Security Act, 1935; amended, August 10, 1939.

authorities to turn over the case to them so that they might work to preserve the assets in the situation and overcome the liabilities. From a study made by the Bureau of Mental Hygiene of the State Department of Health it was discovered that Joe had a reading disability. A school adjustment was made, but he was finally excluded from school at 15 and is now working. Two of the little girls were given temporary care through placement by a private agency. The father drinks a little less now, and the mother has at least a visitor with whom to share her troubles.

Two and one-half years after referral, the family unit is still preserved. Commitment of all the children would have cost the State, county, and town at least $48 per week. From actual figures obtained from the town, covering the time when petitions were brought up to the present, the family has cost an average of $21 per week. This indicates a saving in money, but only time will tell whether the relative insecurity of this home has a value for these children.

This case was chosen not as an illustration of child-welfare-service work of any great degree of success but because possible commitment was so imminent.

There always have been, and unfortunately continue to be, large numbers of children for whom commitment for care away from their own homes is the only solution, and for many of these we have found action to have been too long delayed. Sometimes this is because of the reluctance of a local official to "interfere in his neighbor's affairs," which is quite understandable in our small New England towns.

We have worked both ways with another mother and her three children. A psychiatrist stated that the mother was then incapable of caring for her children. He believed that without immediate assistance she would be in a State hospital for the insane within a few months. After months of intensive case work during which the children were placed and the mother was given psychiatric treatment, we reestablished her with her three children. The average monthly cost during the seperation was $77.03. Since their reunion, it is $54.48. The family is on full relief. The cost would have been $94.40 if the mother had been committed to a State institution and the children to the county and State. More important, now they are happy. We could not have carried out the plan except for the excellent cooperation of State and local officials.

We are offering assistance to probate judges in connection with adoption, but have made very little progress in this service. Adoptions are considered a matter for local, private arrangement. Social workers will have to "compromise" with the current trend in this field. At present we are hoping that by concerted community education pointing toward better legislation we can contribute something.

We also work with predelinquent or delinquent children where little or no probation service is available, offer consultation service to local workers, and render other services found to be necessary in the community.

From the beginning there has been close understanding with the State-wide private agencies for children. The matter of referrals has been carefully worked out so that there is no duplication of services, and the cooperation of the private agencies has been secured. Now that a public-welfare structure is becoming generally available we need the benefit of the guidance of an experienced group. We clear and register our cases with the Social Service Exchange.

In Connecticut child-welfare workers are dependent on the town officials for general relief; on the Children's Aid Society and the Diocesan Bureau of Social Service for placement of children; on the Connecticut Humane Society for investigation and prosecution; on a county juvenile court for probation service for delinquents; on the Bureau of Mental Hygiene of the State Department of Health and the out-patient department of the New Haven Hospital for psychiatric service (the latter for adults); and on our local advisory board for interpretation and encouragement.

Frequently we wish there were some way of supplementing the universally inadequate relief budgets, as we all realize it is very difficult to evaluate what the depression has contributed to the breakdown of American family life. But we are not a relief-giving agency. The differences among Connecticut towns are very apparent, as there are as many ways of handling the problem as there are towns. In some places where the relief budgets are of necessity low, a kindly explanation can soften a refusal. However, the following situations do concern us and certainly show some of the gaps in our program.

Mrs. M. is an extremely high-strung, emotional woman, whose personal inadequacy is complicated by

> her high standards and her complete inability to attain them. Mrs. M. learned about child-welfare services very soon after our work was begun in her county, and traveled some distance to complain that her relief allowance was insufficient. She had tried to obtain odd jobs to supplement it, but she was physically unable to do this and to care for her family as well. Besides, according to her story, it was always discovered, and consequently an amount larger than her earnings was deducted from her grant. We listened to her, gave her a clear explanation of our agency function, and advised her to return to the relief agency. She was shrewd enough then to find a problem in her family group with which we might help. Mrs. M. comes to our office frequently and if, as we are informed, being listened to constitutes therapy, she has received some therapy! Employment has been obtained for her oldest girl. When it became necessary, placement for the second girl was obtained through the Diocesan Bureau of Social Service. There is every evidence at present that unless the mother is given some temporary release from her too-pressing problems, she will "break," and all the children will be committed for care away from home. A rest of 3 months, with the assurance that her children would be reasonably well cared for, would help. At present there seems no prospect of this.

A relief grant based on individual needs, which takes into consideration the background and the temperament of the client, might have cost the town $5 or $6 more per week; as it stands, the eventual cost may be higher.

The case of Mary's delinquency, which progressed from truancy to soliciting money for an operation for her mother and ended with her commitment to the House of the Good Shepherd, presents the following problem:

> The town officials were triumphant when they thought they had gained a victory by refusing to supply Mary with much-needed glasses until her father agreed to work at the town farm to pay for them. However, in the meantime, Mary's eyes had become crossed. Her father blamed only the town, but Mary blamed the town and her father and stated he could not be her own father or he would not have allowed this to happen. It would seem as if the loss were all along the line—father's, Mary's, and the taxpayers'.

Several years ago it was not uncommon for the county commissioners to agree to pay board for county wards who were returned to their parents when the home was acceptable but where there were financial difficulties. When we began the job of rehabilitation in cooperation with the Bureau of Child Welfare it was suggested to the selectman that if a home was suitable for the return of children, except for financial need, it was a straight dependency situation and the town's responsibility. In 2 years' work we met with no refusals, and a few towns were generous enough to include provision for support of children in the homes of relatives other than parents. The theory that only neglected and uncared-for children should be committed away from their own homes is thoroughly sound, but the practice is quite a different matter.

Recently we were discussing with a selectman the following situation:

> In the S. family there are five children, the two youngest being 8-month-old twins. They live by a lake in a shack, which has no heating system. The parents are separated, and the mother works from 3 p. m. to 11 p. m. in a factory, earning $10 per week. An 18-year-old neighbor girl of questionable ability cares for the children during the mother's absence. Commitment away from home was suggested for the twins. But the selectman was asked if, under close supervision, the mother might not be given the opportunity to remain at home and care for her children, the town assuming the expense. He estimated the difference between full relief and 30 percent of the cost of the board of the two babies, which would have been the town's share if they were committed, and decided on commitment. He objected somewhat to bringing the petition for the children's commitment himself, as the family had many relatives and he did not want to make enemies. So the mother was prevailed upon to sign the petition for commitment, thereby accusing herself of being a neglectful parent.

If Connecticut had a program for aid to dependent children this case might have been provided for in that way. Unless present-day social workers challenge economy in relief as doctors and scientists earlier challenged the high death rates from various forms of disease, the children of the future will show the result of this short-sighted policy.

These cases are not entirely representative of our case load, as we have also many nonrelief families and many families in which we can do a real preventive job.

Perhaps when we become discouraged we should remember that someone has said, "Progress must not be counted by the ups and downs of the way, or the depths to which it sometimes goes." Measurement must be made by its ascending or descending direction.

It would appear that cost and value received had been discussed from every angle except what the social workers get out of it. I will refrain from mentioning the "sublime" intangibles that make our jobs worthwhile and turn to the ridiculous. It is our old friend, Mrs. P., and her kind who supply the lighter touches that help balance the budget. When the doctor told her the baby had rickets she stated indignantly that she didn't mind the twins having worms but the baby having "crickets" was just too much. She insisted her husband did not own the family car and, to prove it, she would show anybody her brother-in-law's "restoration" card. At Easter she guessed the twins would have to be bought new "outlets." Her husband had to be a "ball bearer" for a funeral. Recently on announcing with joy that her husband had obtained a good job in Hartford, where they could not live in "lux" but were sure they could get by, she stated she would no longer be bothering us.

I assure you her gain is our loss. We shall miss her!

BOOK NOTES

Young Offenders; yesterday and today, by Geraldine S. Cadbury, D. B. E., J. P. George Allen & Unwin, London. 1938. 149 pp. 3s. 6d. net.

The author, who was for many years a magistrate in the Juvenile Court of Birmingham, England, and who has observed methods of treatment in other countries, including the United States, describes the treatment of children who have broken the law from the time of King Athelstan to the present day. Although one of the enactments of this Saxon King, who reigned 1,000 years ago, foreshadowed the probation system of today and showed clearly a desire to discriminate between the treatment of adult criminals and young offenders, severe and even brutal treatment was meted out to adults and children alike for hundreds of years.

During the eighteenth and nineteenth centuries, the author shows, officials and private individuals sought ways of separating juveniles from adult offenders and of improving conditions in prisons, pointing out the demoralizing effect on children of association with adult prisoners. Concern was expressed over the "increase in juvenile delinquency," and studies of causes were made. The nineteenth century, in which Elizabeth Fry and Mary Carpenter campaigned vigorously for a type of institutional care based on the principle of reformation and training rather than degradation and punishment, was a period of experimentation in new methods by England, Germany, and France along the lines of family groups and agricultural or industrial training. In the second half of the century Mary Carpenter outlined a plan for three classes of schools to take the place of the existing prison system in caring "for different grades of destitution, vagrancy, and criminality" and lived to see her whole program for three types of schools carried out.

The author describes in some detail developments in the institutional care of juvenile delinquents during the twentieth century. In 1938 there were, under the control of the Home Office to which the schools were transferred in 1860, 105 approved schools classified as senior, intermediate, and junior schools for boys and senior and junior schools for girls. Emphasis is placed on effective vocational training, leisure-time activities, participation in community life, and maintenance of family ties, and especially on carefully selected staff working under conditions of salary and hours that make it possible for them to function effectively.

Beginning with the passage of the first Youthful Offenders Act in 1854, Mrs. Cadbury traces legislative developments affecting institutions and, later, juvenile courts and analyzes in detail the Children and Young Persons Act of 1933. She also describes the development and work of juvenile courts, especially that of the Birmingham Court, with a brief reference to juvenile courts in the United States, some of which she has visited.

The author concludes with a chapter on Causes of Juvenile Delinquency and Future Methods of Treatment. She seems not to be alarmed by the apparent increase in juvenile offenders—deplored in 1815, again in 1851, and then again today—but quotes from two inquiries into causes made during recent years which list among other explanations of the increased number of cases dealt with by juvenile courts the added vigilance and interest which the 1933 act has brought about in those engaged in dealing with young offenders.

Looking to the future she sees the need for observation centers for juveniles whose conduct presents problems difficult of solution and whose reactions should be carefully noted day after day before decisions are made in regard to each; for treatment methods other than commitment to prison for offenders under 21 whom it is not advisable to place immediately on probation; for abolition of the death penalty for young offenders; and, in those who work with youthful offenders, for deep knowledge of spiritual values, complete honesty of purpose, and power to make the child understand the spirit of helpfulness behind the strange-seeming procedures. "We must never be satisfied with what has been done for juvenile offenders. New occasions teach new duties, and we must be willing to discard what seems good to us today, but which may not meet tomorrow's problems."

A. S. N.

SOCIAL WORK AS A CAREER. Research No. 43, Institute for Research, 587 South Dearborn St., Chicago, 1939. Pages unnumbered. $1.

One answer to youth's inevitable question, "What shall I be?" is found in this booklet. What social work is, its advantages and disadvantages as a profession, personal and educational requirements, employment opportunities, salaries, and types of position are among the topics discussed.

DEVELOPMENT OF STAFF THROUGH SUPERVISION. Reprinted from *The Family*, 1936–38. Family Welfare Association of America, 122 East Twenty-second St., New York. 32 pp. 35 cents.

Social workers have given much thought to the problem of their professional development and to methods by which they could keep abreast of the job. Seven articles from *The Family* are reprinted in this pamphlet. They reveal much of the development of case work itself, of changing conceptions of supervision, of the psychology of the learner, who in this instance is the case worker, and of the contribution that the schools of social work can make to professional development. Much of the material would apply to the development of the staff in either a private or a public agency; one paper, however, deals specifically with training and supervision in a public agency. The final paper is a review by Grace Marcus of Virginia P. Robinson's book, Supervision in Social Case Work.

COOPERATIVE CASE WORK; a reprint of 16 articles from *The Family*. Family Welfare Association of America, 122 East Twenty-second St., New York. 64 pp. 60 cents.

This pamphlet contains articles dealing with problems of cooperation among social agencies; joint planning between public and private agencies; problems involving medical cooperation, case-work and group-work relationships, family-agency consultation, and planning with churches, schools, camps, sanatoria, and prisons. Reports on two studies are included. Cooperative Cases—A Study of 84 Referrals—deals with letters of referral from nonmedical agencies to the various medical social service departments of hospitals in New Orleans during the month of January 1937. The other report is A Study of 229 Cases Referred to Family Case Work Agencies by the Court of Domestic Relations of Brooklyn.

* * * * *

National Conference of Jewish Social Welfare issues proceedings

Proceedings of the 1939 Buffalo sessions of the National Conference of Jewish Social Welfare are contained in the September 1939 issue of the *Jewish Social Service Quarterly* (Vol. 16, No. 1). Groups of papers are included on the problems of the refugee, family welfare, child care, prevention and treatment of delinquency, and vocational services.

Several of the papers emphasize the importance of understanding the child and his emotional reactions as a basis for the programs that are planned for him. The criteria for placement of children, factors in institutional routine, reevaluation of foster-home care, replacement care, and the significance of case work in the institution are among the subjects considered.

The problems of delinquency are considered from the point of view of the clinician interested in ascertaining the facts, the psychiatrist, and the case worker.

Reference volumes of the American Public Welfare Association

To make available additional reference material in the welfare field the American Public Welfare Association (1313 East Sixtieth St., Chicago) has recently issued two volumes:

Civil Service Procedures for Social Work Positions meets a lack of material on this subject and is particularly timely because of the interest in the extension of the merit system in public-welfare departments. It is written by Florence Booth, assistant professor of social work, Wayne University, Detroit. The subjects of classification of positions, recruiting restrictions, examinations, and salaries are discussed (1939; 78 pp.; $1).

Compilation of Settlement Laws of All States in the United States is intended as a guide in the solution of the problems relating to settlement, financial support, and the removal of dependents to their places of settlement. This sixth edition of the compilation was prepared by Harry M. Hirsch of the New York State Department of Social Welfare and has been taken over by the American Public Welfare Association at the suggestion of the Committee on Interstate Problems (1939; 47 pp.; 50 cents).

Some Current Materials Available From the Children's Bureau

Child Labor

Ten Questions Answered About the Child-Labor Provisions of the Fair Labor Standards Act of 1938. 1939. Mimeographed. 3 pp.

Brief Selected Bibliography on Child Labor and Related Problems, June 1939. Mimeographed. 5 pp.

The Place of an Employment-Certificate System in the Administration of a Child-Labor Law. 1939. Mimeographed. 1 p.

The Child Labor Provisions of the Fair Labor Standards Act, by Katharine Du Pre Lumpkin. Reprinted for the Children's Bureau from the symposium on The Wage and Hour Law, published as the Summer 1939 issue of *Law and Contemporary Problems*, Duke University Law School, Durham, N. C. 16 pp.

Maternal and Child Health

Standards of Prenatal Care; an outline for the use of physicians. Bureau Publication No. 153. New edition, 1939. 5 pp.

Newer Concepts and Procedures of Maternal Care, by Maude M. Gerdes, M. D. Reprint from *American Journal of Public Health*, September 1939. 5 pp.

Los Servicios de Protección a la Infancia en La América Latina, by Katharine F. Lenroot. Reprint from *Boletín de la Unión Panamericana*, September 1939, pp. 513–526.

Crippled Children

Facts About Crippled Children. May 1939. Mimeographed. 12 pp.

A List of State Agencies Providing Services for Crippled Children Under the Social Security Act, Title V, Part 2. 1939. 4 pp.

Social Services for Children

Conference on Children in a Democracy; papers and discussions at the initial session held in Washington, D. C., April 26, 1939. 149 pp.

Child-Welfare Legislation, 1938. Bureau Publication No. 251. 1939. 35 pp.

A Better Chance for Every Child. U. S. Children's Bureau Folder 15. 1939. Describes the programs carried on by the Children's Bureau in giving assistance to States and communities, and in giving information to parents.

The Community Welfare Picture as Reflected in Health and Welfare Statistics in 29 Urban Areas, 1938. June 1939. Processed. 69 pp.

Memorandum on Problems To Be Considered in Adoption Legislation as Illustrated by the Laws of Selected States. October 1938. Mimeographed. 8 pp. (States included are Alabama, Minnesota, and Wisconsin.)

Suggested Material for Incorporation in an Act Placing the Responsibility for Licensing and Supervision of Maternity Hospitals and Homes in the Official State Health Agency. 1939. Mimeographed. 4 pp.

Some Characteristics of Housekeeper Service in 10 Agencies. 1939. Mimeographed. 11 pp.

Case Record—Supervised Homemaker. 1939. Mimeographed. 16 pp.

List of References on Housekeeper Service. 1939. Mimeographed. 6 pp.

The Rural Plus in Social Work, by Hazel A. Hendricks. Paper given at National Conference of Social Work, Buffalo, June 23, 1939. Mimeographed. 9 pp.

Juvenile and Domestic Relations Courts, by Alice Scott Nutt. Reprint from Social Work Year Book, 1939. 4 pp.

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[1] Single copies are sent on request while the supply lasts. For additional references see Selected List of Publications, U. S. Children's Bureau, Washington, June 1, 1939, 20 pp.; also lists published in *The Child*, May 1939, p. 258, and September 1939, p. 80.

U. S. GOVERNMENT PRINTING OFFICE: 1940

CONFERENCE CALENDAR

Feb. 1	National Social-Hygiene Day. Sponsored by American Social Hygiene Association, 50 West Fiftieth St., New York.
Feb. 21–24	American Council of Guidance and Personnel Associations; National Vocational Guidance Association, St. Louis, Mo.
Feb. 22–24	American Orthopsychiatric Association. Seventeenth annual meeting, Hotel Statler, Boston. Secretary: Dr. Norvelle C. LaMar, 149 East Seventy-third St., New York.
Feb. 23–24	Inter-American Bibliographical and Library Association. Third convention, Washington, D. C. Secretary-treasurer: Raul d'Eça, Library of Congress, Washington, D. C.
Feb. 24–29	American Association of School Administrators. St. Louis, Mo.
Apr. 4–6	American Academy of Pediatrics. Meeting of Region 1, Mayflower Hotel, Washington, D. C. Regional chairman: Dr. Stanley H. Nichols, 501 Grand Ave., Asbury Park, N. J.
Apr. 29–May 3	Association for Childhood Education. Forty-seventh annual study conference, Milwaukee, Wis. Headquarters: 1201 Sixteenth St. NW., Washington.
Apr. 24–27	American Association for Health, Physical Education, and Recreation (a department of the National Education Association) and the Midwest Physical Education Association. Annual convention, Hotel Stevens, Chicago.
May 1–3	American Pediatric Society. Fifty-second annual meeting, Skytop Lodge, Skytop, Pa. Secretary-treasurer: Dr. Hugh McCulloch, 325 North Euclid Ave., St. Louis, Mo.
May 12–18	Biennial convention of three national nursing organizations, Philadelphia. American Nurses' Association, National League of Nursing Education, and National Organization for Public Health Nursing. Information from any one of above organizations, 50 West Fiftieth St., New York.

THE CHILD

Monthly News Summary

Volume 4, Number 8
February 1940

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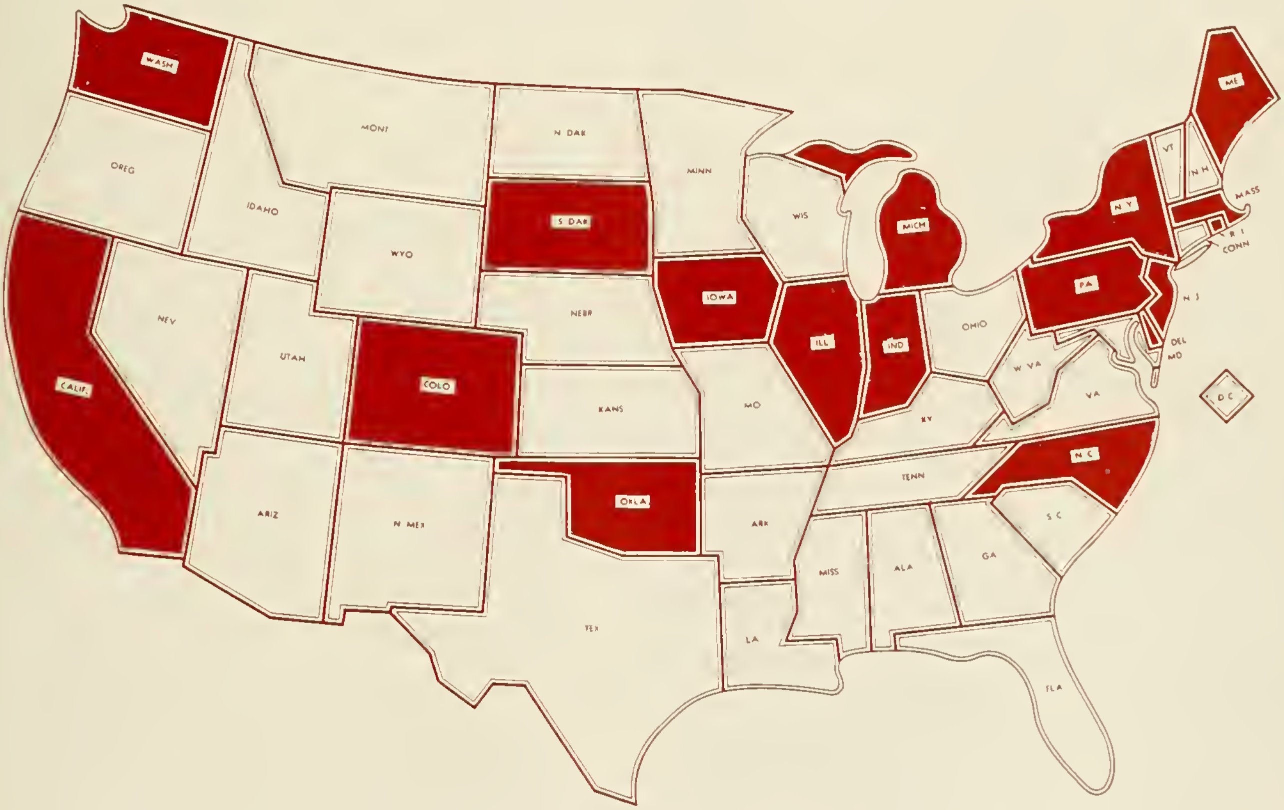
STATES WITH LEGISLATION REQUIRING PHYSICIANS TO EXAMINE PREGNANT WOMEN FOR SYPHILIS, 1939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CHILDREN'S BUREAU
U.S. DEPARTMENT OF LABOR — WASHINGTON, D.C.

THE CHILD MONTHLY NEWS SUMMARY

Volume 4, Number 8 February 1940

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THE CHILD is published monthly by the Children's Bureau, United States Department of Labor. Its publication was approved by the Director, Bureau of the Budget, May 12, 1936, to meet the need for an exchange of information between the Children's Bureau and the various agencies actively engaged in furthering the interests of children. It contains articles, brief reports, news items, and reviews of new publications relating to current developments in the fields of child health, child welfare, juvenile delinquency, and the employment of minors in the United States and in other countries.

The Children's Bureau does not necessarily endorse or assume responsibility for the statements or opinions of contributors not connected with the Bureau.

The Social-Statistics Supplement, issued four times a year, contains summaries of current social statistics relating to child welfare, prepared by the Bureau's Division of Statistical Research.

THE CHILD (with Social-Statistics Supplements) is sent free on request to a restricted list, including State and local officials and agencies actively engaged in work for or with children. Others may subscribe through the Superintendent of Documents, Government Printing Office, Washington, D. C. (price, $1 a year; 10 cents a copy; postage additional outside the United States).

Manuscripts, inquiries, and requests to be placed on the free mailing list should be addressed to the editor The Child, Children's Bureau, United States Department of Labor, Washington, D. C.

U. S. SUPERINTENDENT OF DOCUMENTS
FEB 17 1940

BIRTH, GROWTH, AND HEALTH

New Prenatal Laws and Their Effective Administration

By Mary S. Edwards

Statistician, American Social Hygiene Association

With the general purpose that the administration of the new prenatal laws be watched zealously in the several States which have enacted such statutes, and that means be provided for the collection of adequate statistical data to furnish a base on which to measure their effectiveness, a series of informal conferences has been initiated by the American Social Hygiene Association. In these, representatives of the Children's Bureau of the United States Department of Labor, various State boards of health, and other voluntary societies, especially the National Society for the Prevention of Blindness, have participated. Present practices and future possibilities have been under discussion, and as a result a series of practical "next steps" are recommended for consideration by agencies dealing with the problems involved, in order finally to eradicate congenital syphilis.

Seventeen States had, by the end of 1939, adopted laws requiring physicians or midwives in attendance upon pregnant women to take or cause to be taken promptly specimens of blood of every such woman for submission to approved laboratories for syphilis testing.[1] With some variations the following main provisions have been generally adopted, and there is good reason to believe that many other States are considering similar laws or amendments to existing legislation at their next legislative session:[2]

Section I. *Serological blood test for syphilis of pregnant women.*—Every physician attending a pregnant woman in [name of State] during gestation shall, in the case of each woman so attended, take or cause to be taken a sample of blood of such woman at the time of first examination, and submit such sample to an approved laboratory for a standard serological test for syphilis. Every other person permitted by law to attend upon pregnant women in the State, but not permitted by law to take blood tests, shall cause a sample of the blood of such pregnant woman to be taken by a duly licensed physician and submitted to an approved laboratory for a standard serological test for syphilis. The term "approved laboratory" means a laboratory approved for this purpose by the State department of health. A standard serological test for syphilis is one recognized as such by the State department of health. Such laboratory tests as are required by this act shall be made on request without charge by the State department of health.

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[1] These 17 States, shown in the map on the cover, are: California, Colorado, Delaware, Illinois, Indiana, Iowa, Maine, Massachusetts, Michigan, New Jersey, New York, North Carolina, Oklahoma, Pennsylvania, Rhode Island, South Dakota, and Washington.

[2] In regular session in 1940, *Kentucky, Louisiana, Mississippi*, New Jersey, New York, Rhode Island, *South Carolina, Virginia*. [Italics indicate State does not have prenatal blood-test requirement.]

SEC. II. In reporting every birth and stillbirth, physicians and others permitted to attend pregnancy cases and required to report births and stillbirths shall state on the birth certificate or stillbirth certificate, as the case may be, whether a blood test for syphilis has been made during such pregnancy upon a specimen of blood taken from the woman who bore the child for which a birth or stillbirth certificate is filed and, if made, the date when such test was made, and, if not made, the reason why such test was not made. In no event shall the birth certificate state the result of the test.

How effective is such legislation?

An article summarizing the results of the first few months of operation of the New Jersey law appears elsewhere in this issue.[3]

Tabulation of available facts in up-State New York (law in effect March 1938) may be compared with the New Jersey experience. On 1 month's birth certificates, New York records showed that 24 percent of blood tests were made prior to the fifth month; fifth month, 8 percent; sixth month, 8 percent; seventh month, 9 percent; eighth month, 8.5 percent; at or near time of birth, 33 percent. In 3.5 percent the month was not stated. In 5 percent no test was made. No answer was given to the question relating to blood test in 1.4 percent of instances. Information was compiled separately for births in private dwellings and for births in hospitals. Relating to cases in which no test was made, the hospitals showed only 2 percent in this classification; private dwellings, 14 percent. In urban areas tests were not made or no information regarding a test was furnished in 4.8 percent of the cases; in rural areas, there was no test or no information in 8.2 percent of the cases.

In about half of the 17 States, the laws specifically state that the birth certificate shall not record the result of the test, but shall record only the fact that the test has been taken, with the date. Authorities feel this is a wise precaution, since birth certificates are available for later public inspection and use. After diagnosis of the case by examination and blood test, the most important problem is follow-up to insure adequate care. What aid to this end can be obtained from the prenatal-examination records?

The prenatal-examination laws generally require that the blood sample shall be taken on the first visit (or soon after) of the pregnant woman to the physician, and that the test shall be made in an approved laboratory. Some States further require in the prenatal-test or other statute that all positive blood tests be reported by approved laboratories to a designated health authority. In order that there may be a special opportunity to identify and check on prenatal cases, it is recommended that the doctors be required to record on the form accompanying the blood sample the fact of pregnancy, if present. The laboratory should then notify the health department of all positive tests in prenatal cases.

In practice this seems to be the easiest and most efficient way of getting necessary information into the hands of the authorities for confidential follow-up procedures. The laws of New York State permit this process. California makes provision for reporting of prenatal tests to the State department of public health by laboratories on a special, confidential "prenatal-test laboratory report form." Maine requires that physicians' reports of positive cases, when the name is not given, identify by the word "prenatal" all reports of this type. These must be kept in a separate, confidential file by the State health department. In States in which case reports are made only by number, it is of value to segregate prenatal cases for subsequent follow-up through contact with the physician under whose care is an infected pregnant woman.

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[3] Hall, John: Prenatal Blood Tests for Syphilis, p. 201.

Tentatively, five next steps are suggested for consideration in every State and city.

(Steps 1 and 2 can be instituted through the reporting law or regulation, or prenatal-test law, or both, or perhaps simply by adding an additional question to existing report forms.)

1. All positive blood tests made in approved laboratories should be reported to the State board of health, or other appropriate authority, preferably giving name and address of person, sex, and other pertinent information.

2. An answer should be required to the question, if the person examined is of the female sex, "Is the woman pregnant?" This question is recommended to appear on every venereal-disease report form of any type, whether intended for use by laboratory, private physician, clinic, or other institution.

3. Earlier prenatal care should be encouraged, for the general health of woman and unborn child; and in this connection, particularly, early examination and blood test of woman should be made in order to institute antiluetic treatment if needed, in time to prevent infection of the baby before birth.

4. Especial emphasis on the reporting of syphilitic pregnant women makes possible efficient follow-up through which the month of pregnancy should be ascertained and treatment assured. Following delivery frequent examinations should be made, followed by treatment of the child if necessary and by further treatment of the woman. The latter is essential for the sake of the woman and because of subsequent pregnancies.

5. Provision should be made by States and cities for proper collection, tabulation, and use of records concerning prenatal cases—month of pregnancy at which woman first came for treatment, whether or not test was made, result of test, amount and type of treatment, result of pregnancy, and subsequent follow-up of mother and child. Efficient records are part of effective administration, and the facts thus collected are an incentive both to the public and to officials serving the public.

The group conferring on these problems held the opinion that special attention to the foregoing proposals made above would produce good results in the shape of more efficient administration of prenatal-examination laws, with a consequent decrease in congenital syphilis.

Prenatal Blood Tests for Syphilis

Operation of the New Jersey Law

By John Hall

Division of Venereal Disease Control, New Jersey State Department of Health

Agitation in favor of laws for premarital and prenatal medical examinations, aimed particularly at the prevention of syphilis, was started in New Jersey in 1936, 2 years before the bills were actually introduced. The ideas were taken up and carried on aggressively by numerous organizations; suitable bills were carefully prepared; and sponsorship in the legislature was secured from the State Department of Health.

Various forces had just begun to work, stirring up a far greater interest than ever before in the venereal diseases and promoting a desire to do something about them. The general principles of the two bills, one providing for premarital tests for syphilis and the other for prenatal tests, could be readily understood, and their passage provided an objective toward which anybody could take definite steps easily and soon.

New Jersey legislators were evidently impressed with the popular demand, and the two bills were passed in the spring of 1938 with relatively little opposition.

The program of education, which has been one of the activities of the State Health Department's Division of Venereal Disease Control for 20 years, created a good background for the new laws and, no doubt, played a real part in the popular interest.

Briefly, the prenatal law,[1] with the operation of which the present paper deals, provides that physicians shall take blood specimens for tests for syphilis from all pregnant women at the time of the first examination. Midwives and others not authorized to take such samples are required to call in a qualified physician for the purpose. Birth and stillbirth certificates must state whether or not the mother's blood was tested. If the test was made, the approximate date must be given.

The result of the test, however, is not shown on the certificate.

EDUCATION AND PUBLICITY

This law is largely an educational measure, as there are no penalties for its avoidance and no specifications that treatment must follow positive tests for syphilis. A great deal of publicity has been given to the matter through the press and through various other channels available to the State and local departments of health. Large numbers of a leaflet, Blood Tests in Pregnancy, made up of pertinent questions and answers have been distributed to the public. A set of suggestions about interpretation of tests and treatment of prenatal and congenital syphilis has been sent by mail to every registered physician in the State. All this, we believe, has had a great deal to do with what appears to be general understanding and approval of the law.

The Division of Venereal Disease Control of the State Department of Health is making an attempt to determine what is being done about prenatal blood tests for syphilis in New Jersey, but because of the short time the law has been in operation (since January 1, 1939) the facts and figures that we have to offer cannot be considered convincing or complete.

DATA ON BIRTH CERTIFICATES

We are agreeably surprised at the extent to which the information about tests is being given on birth certificates, in spite of the fact that it has taken a long time to get into general circulation the new form with space provided for the purpose. For the month of March, 56 percent of the birth certificates reported whether or not prenatal tests had been made; in May, 69 percent; in August, 84 percent; in September, 87 percent.

It is conservative to estimate that syphilis tests were made on the mothers of at least two-thirds of the babies born in the State in 1939. How much of this was due to the law is anybody's guess, as prenatal tests had previously become a routine matter with many physicians and clinics.

HOW MANY TESTS WERE MADE?

An attempt is being made to determine how many prenatal tests actually are made, but this is not easy. Laboratories often do not know which blood specimens are from prenatal cases, because there is no requirement that they be so identified. In many instances, however, the forms that accompany the blood samples are marked, and from 58 laboratories we learn that, during the first 6 months of the operation of the law, at least 19,752 prenatal tests were made. Of these 272 were positive. This is 1.4 percent, which is almost the same as the percentage of positive premarital tests. Since there are about 57,000 births and stillbirths in New Jersey in the course of a year, this rate of positive tests would indicate that about 800 of the mothers have syphilis.

So far, we have been able to analyze only a few of the figures, but it appears that about 0.6 percent of the white women tested at our State laboratory have syphilis and about 7.0 percent of the Negro women.

WHEN TESTS ARE MADE

The essence of the matter is, of course, to get the tests made early in pregnancy so that treatment, if needed, can be most effective. We have secured some information on this point for the births reported in March, August, and September. The figures for live births reported in September 1939 are typical and are summarized here for 4,168 certificates. This is 87 percent of the total number of certificates filed.

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[1] AN ACT to prevent congenital syphilis, N. J. Laws of 1938, ch. 41.

Month of pregnancy in which tests were made	*Percent of total*
Total	100
Prior to fifth month	32
Fifth month	12
Sixth month	12
Seventh month	9
Eighth month	8
At or near time of delivery	16
Month not stated	8
Tests not made	3

The same data were collected for stillbirths. They show that only 30 percent of the women whose infants were stillborn had been tested, compared with 84 percent of the women who gave birth to living children. Much lower percentages of tests in *early* pregnancy are also evident from the stillbirth certificates in all the 3 months for which the figures were collected. This kind of analysis might well be made by local health officials in order to determine the facts about their own communities.

FOLLOW-UP QUESTIONNAIRES ON PRENATAL CASES

A scheme for getting information about persons with positive premarital blood tests proved to be so successful that it has been put into effect with prenatal cases. A questionnaire is sent to physicians 3 months after they receive laboratory reports that blood samples from pregnant women are positive. Not only the State laboratory but also several others supply names and addresses of women and their physicians for this purpose. These questionnaires make it easy for the physicians to answer the following questions:

At what time in pregnancy was this test made?

Was the presence of syphilis formerly known to the woman?

Has treatment previously been given?

Has treatment been given in this pregnancy?

If the baby has been born, what is its condition?

Does it have any evidences of syphilis?

What do you think of this law?

While these facts are as yet available only for small numbers of cases it is interesting to note what we have learned.

One hundred and sixty-three questionnaires went out; 147 (90 percent) have been returned; 13 were eliminated as the women did not have syphilis or were not pregnant.

These positive tests were made at all times in pregnancy, almost equally distributed through the 8 months. Only 16 percent of the women admitted knowing they had syphilis, and 14 percent said that they had had *previous* treatment. Treatment has been given *since* the prenatal tests to 65 percent.

Eighty-four pregnancies were definitely reported as terminated. Of these—

	Percent
63 apparently healthy babies had been born	75
7 babies obviously had syphilis, but very few blood tests on babies had been made	8
4 pregnancies resulted in miscarriages	5
5 pregnancies resulted in stillbirths	6
5 babies died soon after birth	6

The rates for stillbirths and neonatal deaths per 1,000 live births calculated for this small series of cases are nearly three times as high as the annual rates for the entire State.

We intend, later on, to attempt to correlate time of test, amount of prenatal treatment, and condition of the child.

To supplement these facts we have just put into use a second questionnaire going out several months after the time for the baby to be born. This inquires further about syphilis in the child; what method of treatment is being given, if any; and suggests to the doctors that follow-up services of the State and local health departments be used if patients need treatment and are negligent.

Physicians' approval of the law as stated on the questionnaires is practically unanimous. The three following comments are of interest:

An excellent law. This person is a nurse, and I would have been embarrassed taking a Wassermann otherwise.

This case has changed my attitude to the law—am now in hearty approval of it because I am sure the child was benefited by the treatments.

Good law—should also apply to fathers, when known.

How the Matter Stands

We think blood tests in pregnancy provide a case-finding method that will discover a considerable amount of unsuspected syphilis. We believe that the knowledge that the test was positive will bring about voluntary treatment in a large percentage of cases. More authoritative measures can be taken in the case of persons who are negligent. We have it on good authority that prenatal treatment, properly administered, will protect many babies from syphilis and prevent some stillbirths and neonatal complications. We hope further acquaintance with these facts will encourage more physicians to recommend and more women to request tests *early* in pregnancy. To find out if these things are true from our own experience is the objective of these painstaking efforts that have been briefly described. They must be carried out over a long period of time in order to collect the facts in sufficient volume to be really conclusive. It is our intention to see that this is done; in fact, it is our obligation, after advocating the passage of this law, to learn as much about its results as may be possible.

So far, at least, we believe that this law is generally approved, has valuable incidental educational features, is already producing good direct results, and for these reasons may be considered a sound, effective procedure in an up-to-date program of public health.

In the March issue of The Child some of the medical-social aspects of the syphilis problem will be considered.

Maternal and Infant Mortality Rates at New Low Points in 1938

By Elizabeth C. Tandy, Sc. D.

Consultant on Infant and Maternal Mortality and Stillbirth Statistics
Division of Statistical Research, U. S. Children's Bureau

Maternal and infant mortality statistics for 1938 have just been issued by the United States Bureau of the Census. The maternal mortality rate for the year was 43.5 per 10,000 live births. The infant mortality rate was 51.0 per 1,000 live births. These are the lowest maternal and infant mortality rates on record for the United States. (The record covers the years 1915–38.)

The maternal mortality rate for 1938 was 11 percent lower than that for 1937, 23 percent lower than that of 1936, and 25 percent lower than that of 1934, the year prior to the passage of the Social Security Act by Congress. The infant mortality rate for 1938 was 6 percent lower than that of 1937, 11 percent lower than that of 1936, and 15 percent lower than that of 1934. These remarkable reductions have been attained in a period in which every State, in cooperation with the Federal Government, has been actively working for improvement in maternal and child-health conditions.

In the earlier period 1915–34 maternal mortality rates had decreased little. The maternal mortality rates in 1933 and 1934 were 62 and 59, respectively, as compared with 61 and 62 in 1915 and 1916. Infant mortality, in sharp contrast, had been materially reduced; in 1933 and 1934 the rates were 58 and 60, as compared with 100 and 101 in 1915 and 1916.

In connection with the reduction in maternal and infant mortality rates it should be pointed out that fewer deaths of persons of all ages were recorded in 1938 than in any year since 1933. The number of deaths registered in 1938 was 1,381,391. The general death rate was 10.6 per 1,000 population—the lowest death rate on record in the United States. (The record covers the years 1900–38.)

More live births were registered in 1938 than in any prior year of record (1915–37). The number of births registered in 1938 was 2,286,962. This is 83,625 more births than were registered in 1937. The birth rate for 1938 was 17.6 per 1,000 population, the highest birth rate recorded for any year since 1931, when it was 18.0.

Of the 2,286,962 live births registered in 1938 about 51 percent (1,165,568) occurred in rural areas; about 49 percent (1,121,394) in urban areas, that is, in cities of 10,000 or more population. Of the births registered, 2,005,955 were births to white mothers; 267,700, to Negro mothers; and 13,307, to mothers of other races.

Maternal Deaths

The number of maternal deaths in 1938 was 9,953. This is 816 fewer than in 1937, when 10,769 women were recorded as having died from conditions directly resulting from pregnancy and childbirth, and 2,229 fewer than in 1936, when 12,182 women were recorded as having died from these conditions. Of the 9,953 maternal deaths that occurred in 1938, 3,333 were due to infection, 2,521 to toxemias of pregnancy, 1,320 to hemorrhage, and 2,779 to all other causes. The mortality rate from each of these important causes decreased sharply in 1938 (table 1 and figure 1).

Rates of less than 40 per 10,000 live births were attained by 28 States. This is a notable step forward. Only 12 States had rates of less

TABLE 1.—*Causes of maternal mortality; United States, 1933–38*

Cause of death	Maternal mortality rate [1]					
	1938	1937	1936	1935	1934	1933
All causes	43. 5	48. 9	56. 8	58. 2	59. 3	61. 9
Infection	14. 5	16. 9	21. 5	24. 0	23. 6	23. 5
Due to abortion	6. 0	6. 9	8. 4	10. 1	10. 2	9. 8
Not due to abortion	8. 5	10. 0	13. 1	13. 9	13. 4	13. 7
Toxemias of pregnancy	11. 0	12. 3	13. 0	12. 6	13. 8	14. 7
Hemorrhage	5. 8	6. 0	6. 5	6. 4	6. 5	6. 4
All other causes	12. 2	13. 7	15. 8	15. 2	15. 4	17. 3
Nonseptic abortion	1. 9	2. 6	3. 2	2. 8	2. 6	3. 1
Other causes	10. 3	11. 1	12. 6	12. 4	12. 8	14. 2

[1] Deaths per 10,000 live births.

than 40 in 1937. Prior to 1937 only 2 States had ever attained rates of less than 40; these States were Vermont and the District of Columbia, both in 1934. Of the 28 States with rates of less than 40 in 1938, 15 had rates of 35 to 39, 8 had rates from 30 to 34, and 5 had rates of less than 30. These 5 States were Wisconsin (29), Minnesota (28), Rhode Island (28), Connecticut (26), and North Dakota (24). North Dakota, which had the lowest rate of any State for 1938, establishes a new State low. It is the first time that any State ever had a rate of less than 25. Only 4 States had rates of 60 or more in 1938, whereas in 1937 there were 10 such States. The 4 States with rates of 60 or higher in 1938 were South Carolina (79), Florida (75), Alabama (68), and Georgia (67).

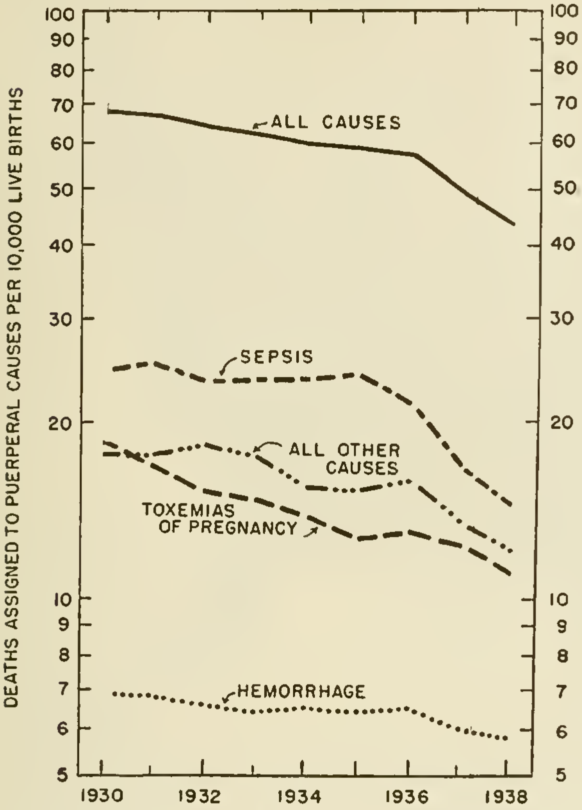
In 40 States and the District of Columbia, maternal mortality rates were lower in 1938 than in 1937; in 8 States the rates were higher. In none of the States with increases in maternal mortality was the increase sufficient to be statistically significant in view of the number of births involved. Statistically significant decreases were shown in 17 States. These States were: Arkansas, California, Illinois,

TABLE 2.—*Maternal mortality, by States, 1938, 1937, and 1936*

State (Number of deaths in 1938)	Maternal mortality rate [1]			State (Number of deaths in 1938)	Maternal mortality rate [1]		
	1938	1937	1936		1938	1937	1936
United States (9,953)	44	49	57	Montana (35)	33	37	55
Alabama (419)	68	63	74	Nebraska (78)	35	41	50
Arizona (52)	48	54	91	Nevada (6)	32	92	56
Arkansas (204)	55	68	76	New Hampshire (30)	38	45	48
California (335)	33	41	47	New Jersey (205)	37	38	40
Colorado (92)	45	54	71	New Mexico (81)	57	50	74
Connecticut (61)	26	25	41	New York (717)	38	40	49
Delaware (25)	56	39	71	North Carolina (421)	53	54	66
District of Columbia (72)	56	58	69	North Dakota (31)	24	47	43
Florida (234)	75	68	81	Ohio (433)	38	46	50
Georgia (434)	67	74	82	Oklahoma (185)	42	52	62
Idaho (46)	41	45	44	Oregon (57)	35	40	54
Illinois (412)	34	39	45	Pennsylvania (641)	39	48	52
Indiana (224)	37	35	48	Rhode Island (29)	28	38	40
Iowa (144)	33	45	46	South Carolina (323)	79	77	90
Kansas (122)	41	43	57	South Dakota (42)	36	40	46
Kentucky (262)	42	47	56	Tennessee (298)	56	61	70
Louisiana (288)	59	72	87	Texas (676)	56	57	69
Maine (70)	46	66	51	Utah (40)	30	33	44
Maryland (109)	38	42	47	Vermont (23)	37	57	50
Massachusetts (236)	39	46	49	Virginia (284)	53	54	58
Michigan (362)	37	36	52	Washington (89)	33	46	52
Minnesota (138)	28	31	42	West Virginia (166)	39	50	53
Mississippi (317)	59	71	69	Wisconsin (160)	29	36	42
Missouri (229)	39	51	61	Wyoming (16)	32	38	50

[1] Deaths per 10,000 live births.

FIGURE 1.—TREND OF MATERNAL MORTALITY, BY CAUSE, UNITED STATES, 1930-38 [1]



[1] Expanding birth-registration area; entire United States included, 1933–38.

Iowa, Louisiana, Maine, Massachusetts, Missouri, Mississippi, Nevada, North Dakota, Ohio, Oklahoma, Pennsylvania, Washington, West Virginia, and Wisconsin.

The number of maternal deaths in 1938 and the maternal mortality rates for 1938, 1937, and 1936 are shown for each State in table 2.

Infant Deaths

The number of infant deaths in 1938 was 116,702. This is 3,229 fewer deaths than in 1937, when 119,931 infants died in their first year of life, and 5,833 fewer than in 1936, when 122,535 infant deaths were registered.

More than half (54 percent) of the infants that died in 1938 died in rural areas, less than half (46 percent) in cities of 10,000 or more population. The number of infant deaths in rural areas was 63,022; in cities, 53,680. Of the infants who died, 81 percent were white, 18 percent were Negro, and 1 percent were of other races. The number of white infants that died was 94,485; of Negro infants, 20,855; of infants of other races, 1,362.

Decreases in infant mortality are evident in both cities and rural areas and for both white and Negro infants (table 3). The 1938 rates for urban areas (48) and rural areas (54) and for white infants (47) and Negro infants (78) are all-time-low records.

Connecticut and Nebraska established a new minimum record for State infant mortality rates—36 per 1,000 live births. Oregon, Washington, and Minnesota had rates of 39—the minimum record for States established by New Jersey in 1937. (New Jersey in 1938 had a rate of 40—a rate which is not significantly different from 39 for that State because of the variability to be expected in view of the number of live births involved.) This is the first year that as many as 5 States have had rates of less than 40 and the first time that as many as 17 States have had rates of less than 45 per 1,000 live births.

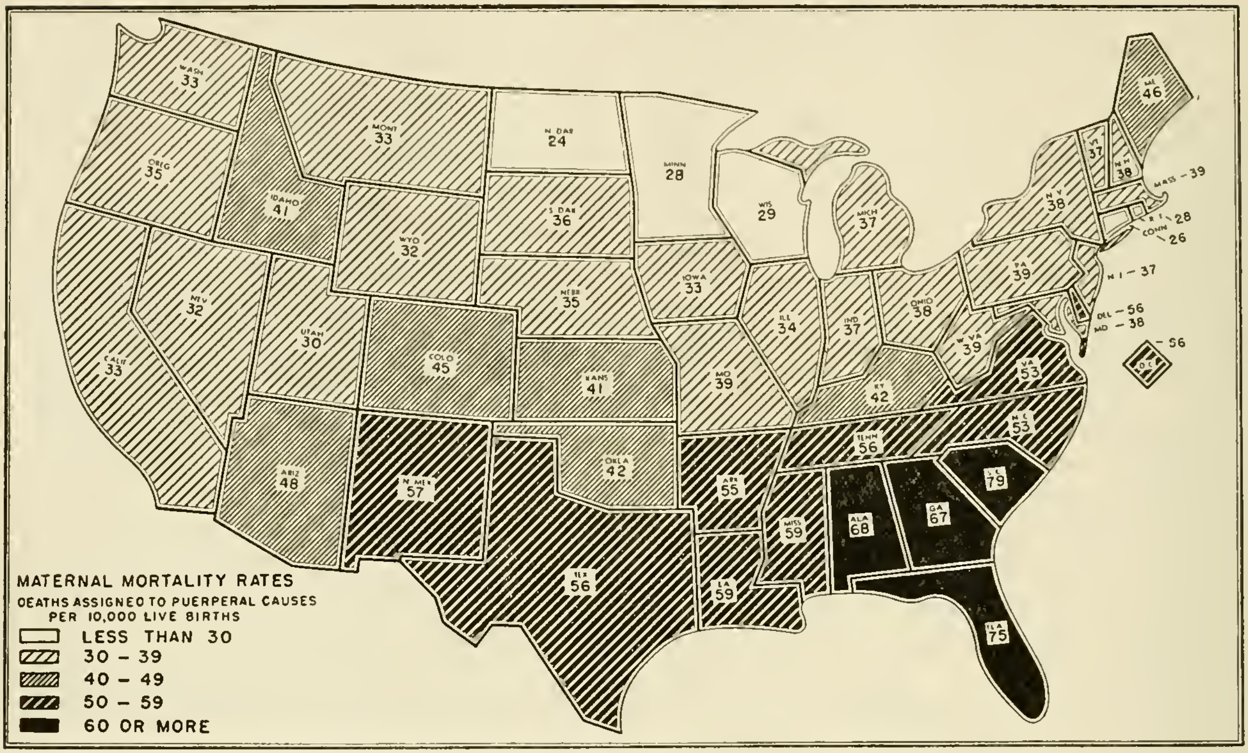
The only States with rates of 70 or more were South Carolina (80), Arizona (99), and New Mexico (109). These three States also had rates of 70 or more in 1937 and 1936. Although still in the high class, Arizona and New Mexico had a significantly lower infant mortality rate than in 1937, whereas South Carolina, in contrast, had a significantly higher rate in 1938 than in 1937.

TABLE 3.—*Infant mortality, by area and race; United States, 1933–38*

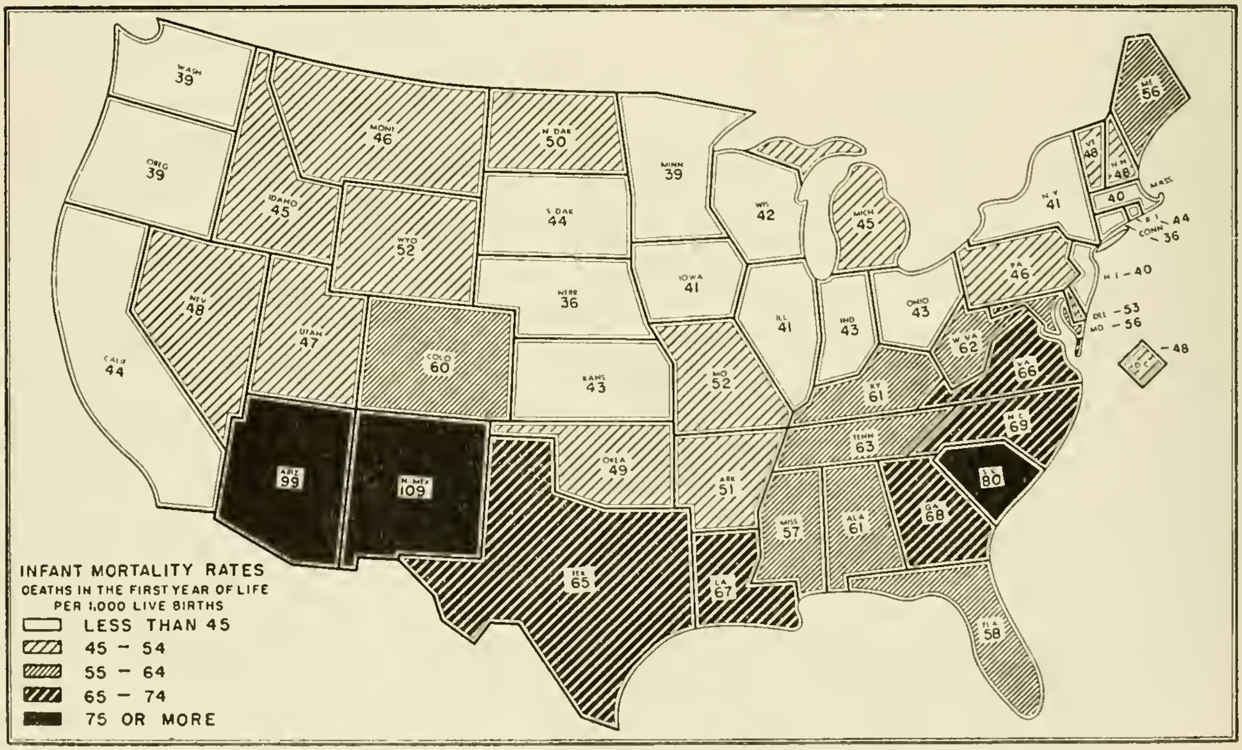
Area and race	Infant mortality rate [1]					
	1938	1937	1936	1935	1934	1933
United States	51	54	57	56	60	58
Urban areas	48	52	55	54	58	57
Rural areas	54	57	59	57	62	59
White	47	50	53	52	55	53
Negro	78	82	86	82	91	85

[1] Deaths in the first year of life per 1,000 live births.

MATERNAL MORTALITY IN THE UNITED STATES, 1938


WASH 33
OREG 35
CALIF 33
IDAHO 41
NEV 32
MONT 33
WYO 32
UTAH 30
ARIZ 48
COLO 45
N MEX 57
N DAK 24
S DAK 36
NEBR 35
KANS 41
OKLA 42
TEX 56
MINN 28
IOWA 33
MO 39
ARK 55
LA 59
WIS 29
ILL 34
MICH 37
IND 37
OHIO 38
KY 42
TENN 56
MISS 59
ALA 68
GA 67
FLA 75
S C 79
N C 53
VA 53
W VA 39
PA 39
N Y 38
VT 37
N H 38
ME 46
MASS - 39
R I - 28
CONN - 26
N J - 37
DEL - 56
MD - 38
D C - 56
MATERNAL MORTALITY RATES
DEATHS ASSIGNED TO PUERPERAL CAUSES
PER 10,000 LIVE BIRTHS
☐ LESS THAN 30
▨ 30 - 39
▨ 40 - 49
▨ 50 - 59
■ 60 OR MORE

INFANT MORTALITY IN THE UNITED STATES, 1938


WASH 39
OREG 39
CALIF 44
IDAHO 45
NEV 48
MONT 46
WYO 52
UTAH 47
ARIZ 99
COLO 60
N MEX 109
N DAK 50
S DAK 44
NEBR 36
KANS 43
OKLA 49
TEX 65
MINN 39
IOWA 41
MO 52
ARK 51
LA 67
WIS 42
ILL 41
MICH 45
IND 43
OHIO 43
KY 61
TENN 63
MISS 57
ALA 61
GA 68
FLA 58
S C 80
N C 69
VA 66
W VA 62
PA 46
N Y 41
VT 48
N H 48
ME 56
MASS 40
R I 44
CONN 36
N J - 40
DEL - 53
MD - 56
D C - 48
INFANT MORTALITY RATES
DEATHS IN THE FIRST YEAR OF LIFE
PER 1,000 LIVE BIRTHS
☐ LESS THAN 45
▨ 45 - 54
▨ 55 - 64
▨ 65 - 74
■ 75 OR MORE

In 36 States and the District of Columbia infant mortality rates were lower in 1938 than in 1936. In 2 States there was no change. In 10, the rates were higher. Statistical test shows that in only 4 of these 10 States (Georgia, North Carolina, South Carolina, and Utah) were the increases sufficient to be statistically significant in view of the number of births involved. Statistically significant decreases are shown in 22 States and the District of Columbia. These States are: Arizona, California, Colorado, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Maine, Maryland, Massachusetts, Michigan, Missouri, Nebraska, New Mexico, New York, Ohio, Oklahoma, Pennsylvania, South Dakota, Texas, and Virginia.

The number of infant deaths in 1938 and the infant mortality rates in 1938, 1937, and 1936 are shown for each State in table 4.

TABLE 4.—*Infant mortality, by States, 1938, 1937, and 1936*

State (Number of deaths in 1938)	Infant mortality rate [1]			State (Number of deaths in 1938)	Infant mortality rate [1]		
	1938	1937	1936		1938	1937	1936
United States (116,702)	51	54	57	Montana (486)	46	51	57
Alabama (3,772)	61	62	67	Nebraska (815)	36	42	44
Arizona (1,075)	99	121	120	Nevada (90)	48	40	70
Arkansas (1,912)	51	54	51	New Hampshire (373)	48	48	46
California (4,450)	44	54	53	New Jersey (2,216)	40	39	44
Colorado (1,240)	60	73	74	New Mexico (1,554)	109	124	122
Connecticut (864)	36	40	42	New York (7,693)	41	45	47
Delaware (234)	53	64	65	North Carolina (5,487)	69	66	69
District of Columbia (622)	48	61	72	North Dakota (649)	50	52	50
Florida (1,802)	58	60	59	Ohio (4,878)	43	50	51
Georgia (4,376)	68	62	70	Oklahoma (2,167)	49	57	60
Idaho (503)	45	44	51	Oregon (636)	39	42	44
Illinois (5,016)	41	43	47	Pennsylvania (7,623)	46	50	51
Indiana (2,560)	43	50	51	Rhode Island (462)	44	48	48
Iowa (1,752)	41	44	48	South Carolina (3,303)	80	76	81
Kansas (1,272)	43	44	52	South Dakota (518)	44	51	48
Kentucky (3,794)	61	59	67	Tennessee (3,405)	63	61	68
Louisiana (3,278)	67	66	72	Texas (7,889)	65	74	71
Maine (856)	56	65	64	Utah (618)	47	41	53
Maryland (1,616)	56	61	69	Vermont (305)	48	49	58
Massachusetts (2,446)	40	44	47	Virginia (3,540)	66	70	74
Michigan (4,320)	45	48	51	Washington (1,035)	39	40	45
Minnesota (1,940)	39	41	44	West Virginia (2,643)	62	62	71
Mississippi (3,042)	57	59	58	Wisconsin (2,301)	42	43	48
Missouri (3,018)	52	57	58	Wyoming (256)	52	56	58

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[1] Deaths per 1,000 live births.

BOOK NOTES

FOOD AND LIFE. Yearbook of Agriculture. 1939. U. S. Department of Agriculture. 1165 pp. For sale by the Superintendent of Documents, Washington, D. C., $1.50.

Beginning in 1936 each yearbook issued by the United States Department of Agriculture has dealt with a major agricultural problem. The 1939 yearbook is concerned with nutrition and is a memorial to W. O. Atwater, whose pioneer research at the Office of Experiment Stations did much to establish the modern science of nutrition. The yearbook is divided into two parts, dealing respectively with human nutrition and animal nutrition. Both parts are summarized in a 90-page preface by Gove Hambidge. The gist of each article appears in a few sentences in bold type under the title. A list of references made up of 1,278 items and a 23-page index carry out the ample proportions of the text.

The section on human nutrition (part 1) is the work of 30 workers in that field, most of them in various bureaus of the Department of Agriculture. Much of the subject matter can be understood readily by the reader without scientific training in nutrition, but some of the articles are either predominantly technical or contain sections that are marked clearly for students and others technically interested in nutrition.

Part 1, which will eventually be printed separately, constitutes a concise and complete presentation of present-day nutrition theory, and the emphasis throughout is on the application of this nutritional knowledge to human betterment. The editor strikes the keynote of the yearbook when he writes: "So the science of nutrition has wide implications. Vitamins are not interesting curiosities of the laboratory. They are matters of life and death to the individual and they are tied in with the well-being of agriculture and the vigor and strength of the Nation." Part 1 closes with a major subdivision entitled, "Better Nutrition as a National Goal."

Part 2, which deals with animal nutrition, includes chapters on vitamins in milk and milk in nutritional research.

M. M. H.

HIGH SCHOOLS AND SEX EDUCATION, by Benjamin C. Gruenberg. United States Public Health Service, Bulletin No. 75, revised, Washington, 1939. 110 pp.

This manual was prepared by Dr. Gruenberg as special consultant to the United States Public Health Service, with the assistance of J. L. Kaukonen, and is based on a book of the same title published by the Public Health Service and the Office of Education in 1922. Statements by Thomas Parran, Surgeon General, United States Public Health Service, and by J. W. Studebaker, Commissioner of Education, Office of Education, appear in the foreword.

Dr. Gruenberg redefines education in relation to sex as a phase of character education, which should be developed as an organic part of the entire educational program. The reason for planning this book for the use of high-school pupils is not that sex education can or should wait until children are in high school, but that parents and communities are more aware of the problems met at this age and are more ready to accept the idea of planning the curriculum to deal with them.

Part 1, chapters 1–3, shows the way to go about planning and organizing a program for sex education in high schools, when the way has been paved by cooperation between parents and teachers. The teachers selected should have poise, judgment, and active sympathy with young people and should be persons of character and principle.

In organizing for sex instruction, the author suggests, teachers and principals may wish to form a committee for joint study and experimentation. "Such a committee might include a teacher of physical training, a biology teacher, a physiology teacher, perhaps the school doctor or school nurse, and others who have an unusual opportunity to observe students closely or to introduce, in their work with students, material dealing with sex-social relationships."

If, after general discussion, special aspects of the subject are selected for study in the various courses, each teacher will become acquainted with what the others are thinking and doing about class instruction on matters relating to sex. This should result in a coordinated approach to sex education from varied points of view. At each meeting the committee can report, compare results, and perhaps modify methods. Problem cases can be discussed without betraying the confidence of pupils. The committee can consider also the recreational facilities of the school and the community.

In part 2, chapters 4–10, Dr. Gruenberg considers sex education in the subjects of the curriculum. One after another he takes up the biology course, the general-science course, physiology and hygiene, physical education, home economics, the social studies, and the English course. For each course he points out the ways in which sex education can be related to the course as a whole, suggests the grades at which various topics may be introduced, and points out the previous preparation necessary for some topics and the desirability of introducing certain subjects to boys and girls in segregated groups if the foundation for their consideration has not been adequate.

At the end of each chapter is a bibliography. Appendix 1 gives a general reading list for teachers;

appendix 2, a list for students; appendix 3, sources for pamphlets and films; appendix 4, a suggested outline of a course for teachers on sex education in secondary schools.

The book is designed to be practical for use not only by the teacher but by the parent or anyone working with young persons.

F. B.

SYPHILIS CONTROL—PRINCIPLES OF CASE-FINDING AND CASE-HOLDING, by Helen E. Woods. *Venereal Disease Information*, Vol. 20, No. 12 (December 1939), pp. 371–376.

The belief in the right of every individual to work out his own problems with whatever assistance he desires and in the obligation of society to respect the personal dignity of every individual is applied in this article to the treatment of the syphilitic patient.

Miss Woods, medical social worker at the University of Pennsylvania Hospital, accounts for past failures to conquer syphilis through regulations and routines by attributing them to lack of consideration and respect for and belief in the patient. She asks whether the patient's sense of responsibility has not been underestimated. She speaks of the all-too-familiar approach to a patient who has syphilis, which outlines certain restrictions that strikes at the heart of his life—his family, friends, and work—and warns that care must be taken not to impose any more orders and restrictions than the disease itself in a particular individual actually imposes. Treatment and prophylactic advice "work better," are more effective, than orders for restriction of social intercourse.

Miss Woods recognizes that the purpose of laws relating to syphilis is to fulfill public responsibility for the protection of all and adds: "It is essential that family contacts be examined if they have been exposed to the infection. The examination of children is indicated when a known infection in the mother antedates their birth or if one child is found to have prenatal syphilis." All may agree on this essential, but Miss Woods reminds her readers that whether or not these examinations and treatment of family members or other contacts are carried out depends mainly on the patient and that only so far as he is recognized as a responsible human being will results be achieved. She points out that most patients who suffer from syphilis in the infectious stage are "in the late adolescent and early adult years—a vigorous, independent, and self-directing group."

The normal person, Miss Woods says, does not want syphilis and does not want to spread syphilis and, though interested primarily in himself, has concern for the larger group of which he is a part. She might have added that the young pregnant woman with syphilis usually is only too glad to take treatment if she can be assured that she will have a well baby.

A positive approach to the venereal-disease program, therefore, in line with Miss Woods' suggestions, should take for granted that a person who has syphilis is usually a normal person in a more or less difficult situation who will take the responsibility for his medical care provided he is assured of help—not control—from the clinic personnel. The emphasis should be less on imposing restrictions and more on the attainment of the goal of health and happiness for the patient and his family.

M. E. H.

SOCIAL ASPECTS OF SYPHILIS AND GONORRHEA, by Mildred E. Hearsey. *Journal of Social Hygiene*, Vol. 25, No. 8 (November 1939), pp. 353–362.

Many social workers have held the general opinion that the social problems of the patient with syphilis or gonorrhea are very different in kind and quality from those occasioned by other diseases. Miss Hearsey points out that the fundamental principle in working with these patients is the same as with other types of patients, namely, to understand the patient's personal reaction to the fact of his disease and the resulting handicap to his social and emotional life.

The author shows the similarity in the social aspects of many diseases, for example, syphilis, tuberculosis, and heart conditions. She then states some of the differences in reaction to disease which the syphilitic patient shows—fear, shame, and guilt. A point of particular interest is her belief that the physician should maintain the major responsibility as interpreter of the disease to the patient. She believes that the physician should assume the specific responsibility for (1) explaining the diagnosis; (2) outlining treatment to the patient; (3) inspiring confidence in the patient so that he will bring other members of the family for examination; and (4) explaining the danger of transmitting the disease. Not only is the physician's influence in this connection most effective, but the social worker thus has more time to devote to the patient's social situation and his reaction to his disability. There is discussion of the time when the subject of the examination of contacts can best be brought up.

Modern theories of interviewing are mentioned and the importance of listening quietly in some cases and, in others, responding dynamically with leadership and ideas that give strength to the patient.

The article should be of value to those interested in both the public-health and the individual aspects of venereal diseases, as it shows the need for social casework skill as part of the program in the treatment of syphilis and gonorrhea and particularly emphasizes the deep significance of the emotional reactions of the patients.[1]

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[1] Reviewed by Edith L. McCoy, Supervisor of Medical Social Work, Bureau of Venereal Disease, Health Department, Washington, D. C.

Health Work in the Rural Areas of Puerto Rico, by P. Morales Otero and Manuel A. Pérez. *Puerto Rico Journal of Public Health and Tropical Medicine*, Vol. 15, No. 1 (September 1939), pp. 44–64.

The health program described in this article was set up in an effort to correct existing health conditions in the rural areas of Puerto Rico, so far as this was compatible with the economic situation. The administrative and supervisory functions were centralized under the Puerto Rico Reconstruction Administration in a Health Division comprising the Rural Medical Service Section, the Rural Sanitation Section, the Camps Medical Section, the Social Service Section, and the Statistics Section. In 1938 the 77 municipalities of the island were served by public-health units, the work of which is essentially preventive. To serve the rural areas, rural medical centers were set up, composed of groups of dispensaries, supplemented by traveling sanitation units and by itinerant nutrition and dental clinics.

Following the description of the health program are brief discussions of the housing problem, the nutritional problem, and the incidence of malaria, gastrointestinal disorders, intestinal parasites, and tuberculosis.

During the period 1932–36, it is stated, diseases of the digestive system (chiefly diarrhea and enteritis) were responsible for 23 percent of the deaths in Puerto Rico, and more than three-fifths of the deaths from diarrhea and enteritis occurred in children under 2 years of age. This high mortality is attributed chiefly to the consumption of impure water and milk, defective feeding, and unbalanced diets. It is expected therefore that the nutritional and educational work initiated by the rural dispensaries and the workers' camps (construction of sanitary privies) will prove beneficial in lowering morbidity and mortality from gastrointestinal disorders.

Maternal Mortality in North Dakota, by John H. Moore, M. D. *Journal-Lancet*, Minneapolis, Vol. 59, No. 10 (October 1939).

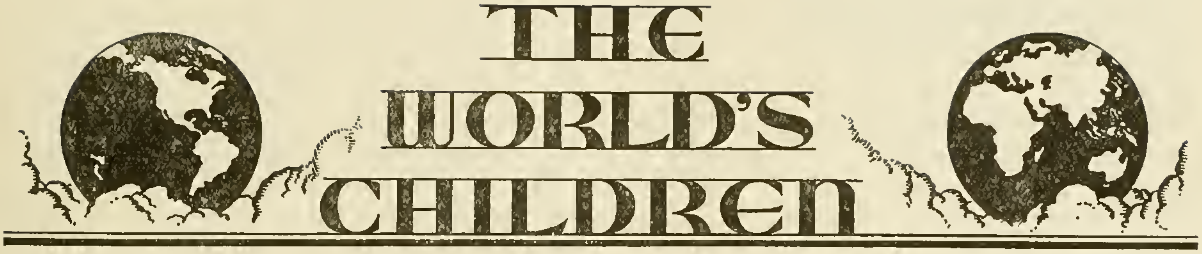
"Why do women die from childbearing in North Dakota," is the question that Dr. Moore answers in this report, written at the request of the Committee on Maternal and Child Welfare of the North Dakota State Medical Association. The study was made with the cooperation of the North Dakota State Department of Health and the physicians who signed the death certificates, and covers all maternal deaths in North Dakota during 1937 and 1938. From the official records of a survey made in 1927 and 1928 it was possible to compare maternal deaths by age groups and by number of pregnancies in the two 2-year periods a decade apart.

The total number of maternal deaths in 1937 and 1938 was 90, compared with 170 in 1927 and 1928. The maternal death rate for North Dakota is given as 4.69 per 1,000 live births in 1937 and 2.25 (provisional) in 1938. The rate for the earlier period is not given, but in 1930 the rate was 6.14.

The percentages of deaths from the three chief causes of maternal deaths were nearly the same in both periods. In 1937–38 puerperal infection killed 32 percent of the mothers who died; toxemias, 24 percent; and hemorrhage, 10 percent.

Brief case histories are given and suggestions are made for preventing maternal deaths under various circumstances.

The Children's Bureau *does not distribute* the publications to which reference is made in THE CHILD except those issued by the Bureau itself. Please write to the publisher or agency mentioned for all others.



THE WORLD'S CHILDREN

Wartime Legislation Affecting Children

The war in Europe and the shortage of labor due to the military service of large numbers of men has resulted in some countries in a demand for child workers and a movement toward a temporary suspension of the child-labor laws, as indicated by the measures summarized here, which have come to the attention of the Children's Bureau:

Germany In Germany the National Defense Council issued an order on September 1, 1939, permitting the suspension of labor laws including those relating to the minimum age of admission to industry, hours of work, and night work. The Minister of Communications has issued an order lowering from 16 to 14 years the age of employment for persons driving agricultural tractors with a specified maximum speed.

An order of the Minister of Labor in Germany permits the employment of young persons over 16 but under 18 in urgent cases up to 10 hours a day and 56 hours a week, instead of 8 hours a day and 48 hours a week as previously, except in occupations dangerous to health, for which special rules are prescribed.

Children under 16 may be employed in urgent cases up to 10 hours daily, instead of the previous 8 hours, including the time of instruction in a trade school or vocational school, or for not more than 48 hours a week, excluding the time spent in a trade school.

Shortening of the rest periods prescribed by law is permitted if the work is interrupted by frequent short stops.

Reichsgesetzblatt, Berlin, part I, No. 169, Sept. 7, 1939, p. 1684; Industrial and Labor Information, Geneva, Nov. 6, 1939, p. 164; Reichsarbeitsblatt, Berlin, No. 26, 1939, part III, p. 293.

France In France a decree of September 1, 1939, permits the employment of children between 14 and 18 years of age for 10 hours a day and 60 hours a week instead of 40 hours as previously; these hours may be prolonged further on permission from a labor inspector.

Journal Officiel, Paris, Sept. 6, 1939, p. 11158.

Belgium In Belgium the suspension of specified provisions of the child-labor law was permitted by a decree of August 26, 1939, in case of reenforcement or mobilization of the Army.

Revue du Travail, Brussels, No. 10, 1939, p. 1579.

England and Scotland The indefinite suspension of the Education Act (1936) in England and Scotland, under which the school-leaving age was to have been raised from 14 to 15 years on September 1, 1939, was reported in *The Child*, December 1939, p. 157.

Measures to Promote Marriages and Births in Italy

In Italy the system of compulsory maternity insurance in existence since 1910, under which all employed women were insured in their own right and received a specified sum at the time of childbirth, was replaced in 1939 by a measure explicitly intended to promote marriage and births.

Under the new system, which applies only to Italian citizens of the Aryan race, insurance is required for workers of both sexes whose monthly income does not exceed 1,500 lire. The insured persons must pay a specified amount into the insurance fund and will receive a premium varying according to sex and occupation from 400 to 1,000 lire at the time of marriage provided they are below a specified age.

Premiums are paid to parents at the birth of each child. These premiums vary from 150 to 400 lire each, according to the parents' occupation and the number of previous births in the family.

Maternità e Infanzia, Rome, 1939, No. 3, pp. 233–237.

Labor Law Enacted in Bolivia

The first general labor law of Bolivia, enacted recently, provides for a minimum age of 14 years for employment in nonagricultural occupations. An 8-hour day is prescribed for all workers, and the working week is restricted to 40 hours for minors under 18 and for women. Minors under 18 and women may not be employed on dangerous, unhealthful, or heavy work, or on work which may be harmful to their morals.

Various health and safety measures are also prescribed.

Boletín, Banco Central de Bolivia, La Paz, April-June 1939, p. xxii.

Bureau of Maternal and Child Welfare in Colombia

Detailed regulations were issued recently prescribing the functions of the Bureau of Maternal and Child Welfare to be created in the National Department of Labor, Health, and Social Welfare of Colombia. The Bureau will consist of a division of maternity and infancy and of a child-welfare division, which will be concerned with preschool children and children of school age. The Bureau will direct the medical and social work of the existing public maternal and child-welfare institutions and agencies and of those to be established in the future.

Revista de Higiene, Bogota, No. 3, 1939, pp. 4–8.

Medical Service for School Children in Venezuela

Medical service for school children is to be introduced in Venezuela by a Presidential order of October 20, 1939.

Under this service supervision is to be instituted over the mental and physical health of school children. Measures will be taken for the prevention of contagious diseases in the school and the home and for teaching care of health to school children and their families. Diseases will be treated under specified conditions.

Physicians, dentists, and nurses will be employed in proportion to the number of children served; provision will also be made for the services of a psychiatrist, ophthalmologist, and an ear, nose, and throat specialist.

In rural districts the medical service will be carried on by the public-health physician.

Boletín del Ministerio de Sanidad y Asistencia Social, Caracas, November 1939.

Ed. Note.—The material in this section was prepared by Anna Kalet Smith, associate in foreign research, U. S. Children's Bureau.

EMPLOYMENT PROBLEMS OF MINORS

Recommendations of Sixth National Conference on Labor Legislation

The report of the Committee on Child Labor as adopted by the Sixth National Conference on Labor Legislation, which was called by the Secretary of Labor and met in Washington in November 1939, touches on nearly every aspect of child employment.

Of particular interest is the section on State child-labor legislation, which includes the following recommendations for State standards applicable to local industries not covered by the Fair Labor Standards Act:

1. No child under 16 years to be employed in any occupation during school hours, or in mines and factories at any time;
2. Prohibition of employment of minors under 18 years of age in hazardous or injurious occupations, with authority placed in the enforcing agency of the State to determine such occupations;
3. Maximum hours of 8 per day, 40 per week, and not more than a 6-day week, for minors under 18 years of age;
4. Prohibition of night work between 6 p. m. and 7 a. m. for minors under 16 years of age, and between 10 p. m. and 6 a. m. for those between 16 and 18 years of age;
5. Provision for at least a 30-minute lunch period;
6. Employment certificates to be required for all minors under 18 years of age before employment, such certificates to be issued by or under the authority of the enforcing agency.

In regard to industrialized agriculture, the report points out that with the development of intensive cultivation of specialized crops there has grown up the practice of using large numbers of children under conditions that differ little from those of "sweatshop" employment, and that thousands of children of migrant families are engaged in the cultivation or harvesting of crops. It is urged that each State pass laws eliminating child labor in all industrialized or commercialized forms of agriculture, establishing a 16-year minimum age for employment during school hours and 14 at all other times. Wherever migrant families are employed, it is urged that decent housing standards, adequate sanitation, and education for all children of school age equal to that for resident children be required by law.

The need and right of youth to a satisfactory preparation for work and to an opportunity for employment are also stressed in the report, which states:

> Today millions of youths are without such opportunity. We urge that every community concentrate its forces upon better guidance of boys and girls, upon improvement of their education so that they may gain experience and be equipped to deal with the situations they will meet on the job and as citizens, and upon the increase of openings for their useful employment. To effectuate these ends we urge substantial Federal appropriations to aid those States and communities unable to afford satisfactory education, and increases in those Federal funds designed to aid in enterprises for the benefit of youth.

Other topics considered in the report on child labor are Federal child-labor legislation, workmen's compensation for minors, the child-labor amendment, street trades, industrial home work, and children on the stage.

The committee, of which Paul R. Christopher of South Carolina was chairman, had the following members: Mrs. Ray H. Bollinger, Maryland; John E. Breidenbach, Ohio; Sidney E. Bryant, Tennessee; Courtenay Dinwiddie, New York; Pauline Goldmark, New York; William H. Ivey, Alabama; Joseph E. Killough, Alabama; W. C. Mullins, Arkansas; Jesse W. Taylor, Maine; and Beatrice McConnell, Children's Bureau.

The full report of the committee, together with the reports of the other conference committees, appears in Reports of Committees and Resolutions Adopted by Sixth National Conference on Labor Legislation, November 13, 14, and 15, 1939 (Bulletin No. 35-A, Division of Labor Standards, U. S. Department of Labor, Washington, 1939; 30 pp.).

The Hump Hairpin Case

On December 29, 1939, a Chicago District Court of the United States issued consent decrees against the Hump Hairpin Manufacturing Co. and its affiliate, the Chain Store Products Corporation, on charges of violating the minimum-wage provisions and the child-labor provisions of the Fair Labor Standards Act of 1938.

Under these decrees the company was enjoined from employing children under 16 in the manufacturing and production of hairpins, bobby pins, hair-wave pins, and similar articles which it ships in interstate commerce. It also agreed to make restitution of a total of $103,000 in back wages to home workers in approximately 300 families. In some instances the restitution payment amounted to more than the total earnings of the family in the 14 months during which the law had been in effect.

The decrees were the result of legal actions brought after joint investigations had been made by the Wage and Hour Division and the Children's Bureau, of the United States Department of Labor.

These investigations showed that the hairpin company distributed home work to at least 300 home workers through half a dozen distributors as well as directly from the factory, and it was estimated that some 250 children under 16 helped with the work. It was the custom to give out the boxes of hairpins and bobby pins to be assembled and carded about 3 or 4 o'clock in the afternoon.

The finished work had to be returned at 7 o'clock the following morning. The amount of work given out was often four or five times as much as one home worker would be able to complete in the time allowed, even if she worked all night.

This company has a long record of violations of the Illinois State child-labor law. It has been the subject of repeated complaints by civic organizations, such as the Juvenile Protective Association, going back as far as 1916. In 1918 it was prosecuted for violations of the State child-labor law and pleaded guilty.

Moreover, teachers in both the public school and the parochial school in the district where the home workers lived entered complaints that children were kept out of school to work on hairpins and, when they did come to school, were so tired that they fell asleep in the classroom.

As a result of the long-continued pressure from the schools, churches, and civic organizations, the home workers did at least stop keeping their children home from school, although children continued to fall asleep in the classroom. The company then adopted the far from drastic practice of putting in each box of pins a pink slip warning that children under 16 must not work on them. It also sent two of the factory workers out as "home-work inspectors." The inspectors, however, always called on home workers at hours when no home work was in the homes and when the children were at school.

When the Fair Labor Standards Act went into effect in October 1938 the hairpin company raised the rate of pay for home work about 20 percent. That it was still far below the minimum rate provided for in the act is shown by the huge amount of back pay which the company was required to make under the court decree.

At the time of the Children's Bureau investigation, children 7 to 15 years of age were found doing home work in about half the homes visited. In order to bring action for violation of the child-labor provisions of the Fair Labor Standards Act it was necessary, however, not only to prove that children under 16 worked on the pins, but that the product of their labor was shipped in interstate commerce within 30 days. It was found that practically all the pins the children had worked on were promptly shipped out of the State.

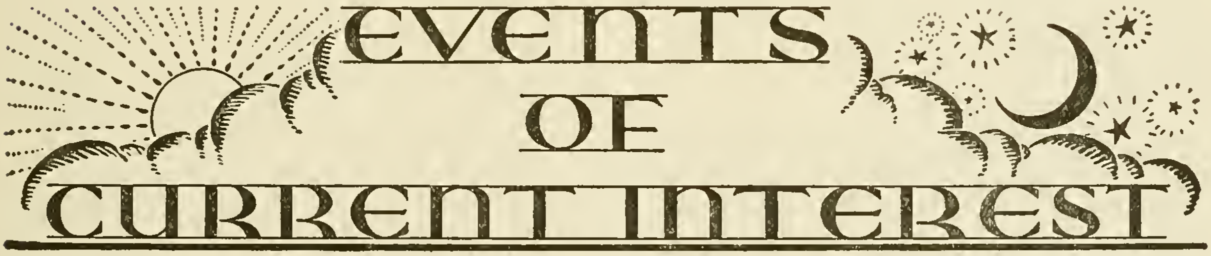
In the stipulation signed by the company as part of the decree, the company agrees to supply the Children's Bureau periodically with names and addresses of all its home workers in whose homes there are children under 16 and the names and addresses of all minors between 16 and 18 years of age who are employed as home workers. The company is required to keep on file official age certificates for all minors 16 and 17 years of age who do this work in their homes as well as for all who are employed in the factory, and also for minors between 18 and 20 who are employed in the factory on occupations found and declared by the Chief of the Children's Bureau to be hazardous for minors.

ERRATUM

Apprenticeship laws passed in 1939 by California and Minnesota, referred to in *The Child*, November 1939, p. 135, should be cited as follows:

Calif., Laws of 1939, ch. 220.
Minn., Laws of 1939, ch. 363.

For foreign notes in the industrial field, see The World's Children, page 213.



EVENTS OF CURRENT INTEREST

Twenty-seventh Annual Report of Secretary of Labor Issued

The Twenty-seventh Annual Report of the Secretary of Labor for the fiscal year 1939 has just been issued. The report of the Chief of the Children's Bureau, contained in the Secretary of Labor's report, lists in chronological order the events which make the fiscal year 1939 a period of progress in the life of the Bureau. Among these are the National Health Conference, the beginning of operation of the Fair Labor Standards Act, the introduction of the National Health Bill in Congress, the initial session of the White House Conference on Children in a Democracy, the Supreme Court decisions affecting the child-labor amendment, and the initial steps toward passage by Congress of the liberalizing amendments to the Social Security Act.

Included also in the section of the Secretary's report devoted to the work of the Children's Bureau are reports of the administration of maternal and child-health services, child-welfare services, and services for crippled children under the Social Security Act; general research and statistical projects of the Bureau; and administration of the child-labor provisions of the Fair Labor Standards Act, including discussion of certificates of age, employment of children 14 to 16 years of age, determination of hazardous occupations for minors, and inspection of places of employment.

Following are the recommendations made by the Chief of the Children's Bureau:

Between the time of the writing of the main body of this report and the preparation of recommendations, the long-dreaded general war in Europe has become a reality. Though we have profound faith that the children of America will be spared the terrors and tragedies of armed conflict, we know that we must prepare them to live in a world that may be hard and uncertain for years. What, then, can we do to encourage the growth in their minds and hearts of the thoughts and the courage of free citizens associated for the pursuit of common ends and the expression of common faith in the dignity and worth of man? The following are some of the ways in which we can serve children in these times.

1. We can save more lives, prevent sickness, and promote health, both physical and mental, among mothers and children, through the joint efforts of the Federal Government, the States, and local communities. The foundation that has been laid under the Social Security Act will be strengthened this year, with moderate increases in appropriations authorized. We must not delay developing more comprehensive services which will insure health supervision, medical and nursing care, and hospital care when needed, to all mothers in the entire maternity period and to all children, when adequate care is not available through family or other private resources.

2. We can save more homes for children by further strengthening the program of aid to needy dependent children administered by the Social Security Board and by extending to new areas and to more children the services of experienced children's workers who deal with situations in which the welfare of the child is threatened by adverse home conditions. This recommendation involves further amendments to title IV (aid to dependent children) and title V, part 3 (child-welfare service) of the Social Security Act.

3. We can lessen the destitution and suffering endured by children living in homes of poverty, by the maintenance and further development of sound policies of public housing, social insurance, public assistance, and work projects for the unemployed.

4. We can extend educational opportunity for children through Federal aid to the States for education and through improvement of State and local school administration.

5. We can keep children under the age of 16 years in school and provide proper safeguards for the gainful employment of older children through completing of ratification of the child-labor amendment and strengthening National and State legislative child-labor standards and administrative procedures.

6. We can strengthen Government services to children at all levels, Federal, State, and local, by—

(*a*) Increased Federal appropriations for basic research and administrative studies.

(*b*) Improved organization of child-health and child-welfare services within State and local government departments.

(*c*) Establishment and improvement of personnel standards, with special emphasis on merit systems of appointment, and provision for professional and in-service training of staff members.

(*d*) Coordination and strengthening of institutional and community services to children.

7. We can insist that the standards that have been set up and the services that have been developed at great human and financial cost shall not be relaxed as a result of demands for cheap labor of young workers or costly savings in expenditures for children.

8. We can utilize all the resources of Government, of private effort, and of public opinion, in the attainment of these goals.

9. We ourselves can live with bravery and act in the conviction that children can be prepared for the responsibilities of citizenship in a democracy dedicated to the principles of freedom and equal justice for all.

U. S. GOVERNMENT PRINTING OFFICE: 1940

CONFERENCE CALENDAR

Feb. 21–24	American Council of Guidance and Personnel Associations; National Vocational Guidance Association, St. Louis, Mo.
Feb. 22–24	American Orthopsychiatric Association. Seventeenth annual meeting, Hotel Statler, Boston. Secretary: Dr. Norvelle C. LaMar, 149 East Seventy-third St., New York.
Feb. 23–24	Inter-American Bibliographical and Library Association. Third convention, Washington, D. C. Secretary-treasurer: Raul d'Eça, Library of Congress, Washington, D. C.
Feb. 24–29	American Association of School Administrators. St. Louis, Mo.
Mar. 6	One-day Conference on Human Needs in Greater New York, Pennsylvania Hotel, New York. Sponsored by Welfare Council of New York City, 44 East Twenty-third St., New York.
Mar. 28–30	Child Welfare League of America. Midwestern regional conference, Schroeder Hotel, Milwaukee, Wis. Chairman: Mrs. Nelle Lane Gardner, 734 North Jefferson St., Milwaukee, Wis.
Apr. 4–6	American Academy of Pediatrics. Meeting of Region 1, Mayflower Hotel, Washington, D. C. Regional chairman: Dr. Stanley H. Nichols, 501 Grand Ave., Asbury Park, N. J.
Apr. 29–May 3	Association for Childhood Education. Forty-seventh annual study conference, Milwaukee, Wis. Headquarters: 1201 Sixteenth St. NW., Washington.
Apr. 24–27	American Association for Health, Physical Education, and Recreation (a department of the National Education Association) and the Midwest Physical Education Association. Annual convention, Hotel Stevens, Chicago.
May 1–3	American Pediatric Society. Fifty-second annual meeting, Skytop Lodge, Skytop, Pa. Secretary-treasurer: Dr. Hugh McCulloch, 325 North Euclid Ave., St. Louis, Mo.
May 11–14	National Florence Crittenton Mission. Annual conference, Hotel Père Marquette, Peoria, Ill. Information: National Florence Crittenton Mission, 408 Duke St., Alexandria, Va.
May 12–18	Biennial convention of three national nursing organizations, Philadelphia. American Nurses' Association, National League of Nursing Education, and National Organization for Public Health Nursing. Information from any one of above organizations, 50 West Fiftieth St., New York.
May 26–June 1	National Conference of Social Work. Sixty-seventh annual session, Grand Rapids, Mich. General secretary: Howard R. Knight, 82 North High St., Columbus, Ohio.

UNITED STATES DEPARTMENT OF LABOR

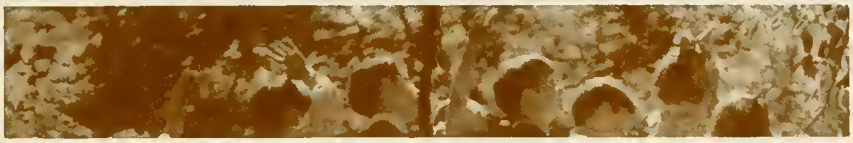
Frances Perkins, Secretary

CHILDREN'S BUREAU

Katharine F. Lenroot, Chief

THE CHILD
Monthly News Summary

Volume 4, Number 9 [illegible] March 1940



WHITE HOUSE CONFERENCE ON CHILDREN IN A DEMOCRACY

CHILDREN'S BUREAU
U.S. DEPARTMENT OF LABOR – WASHINGTON, D.C.

THE CHILD

MONTHLY NEWS SUMMARY

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WHITE HOUSE CONFERENCE ON CHILDREN IN A DEMOCRACY

From the Address of the President of the United States

Last April when this Conference first met I asked you to consider two things: First, how a democracy can best serve its children; and, the corollary, how children can best be helped to grow into the kind of citizens who will know how to preserve and perfect our democracy.

Since that time—since last April—a succession of world events has shown us that our democracy must be strengthened at every point of strain or weakness. All Americans want this country to be a place where children can live in safety and grow in understanding of the part that they are going to play in the future of our American Nation. . . .

This Conference report rightly calls on us to think of children as a whole, as each child is related, not to one life, not only to his own life but to the lives of his brothers and sisters, the life of his family, and then, inevitably, to the life of his community, the life of his county, the life of his State, and the life of his Nation.

But what I am specially pleased about is this: that this Conference, made up of men and women that belong to every political party in every part of the country, has found that we have definitely improved our social institutions and our public services during these past 10 years. . . .

The Conference concludes, and rightly, that to have made progress in a period of hardship and strain proves that America has both strength and courage.

But, again, I agree with the Conference that we still have a long way to go. Too many children—and you can find them in every State in the Union—are living under conditions that must be corrected if our democracy is to develop to its highest capacity. . . .

We all recognize that the spirit within the home is the most important influence in the growth of the child. In family life the child should first learn confidence in his own powers, respect for the feelings and the rights of others, the feeling of security and mutual good will, and faith in God. Here he should find a common bond between the interests of the individual and the interests of the group. Mothers and fathers, by the kind of life they build within the four walls of the home, are largely responsible for the future social and public life of the country.

And, just as we cannot take care of the child apart from the family, so his welfare is bound up with a lot of other institutions that influence his development—the school, the church, the agencies that offer useful and happy activities and interests for leisure time. The work of all these institutions needs to be harmonized so as to give our children rounded growth with the least possible conflict and loss of effort. . . .

We must plan also, on a larger scale, to give American children a chance for healthful play and worth-while use of leisure. I agree with you that a democratic government has a vital interest in those matters. And I am glad that you have suggested a national commission, under private auspices, to study leisure-time needs and recreational resources.

More than in any previous decade we know how to safeguard the health of parents and children. Because of the advance of medical knowledge and the growth of public-health work, we have it in our power to conquer diseases that we could not conquer 10 years ago, and the ability to promote general good health.

New opportunities to us mean new duties. It was one thing to let people sicken and die when we were helpless to protect them. And it is quite another thing to leave a large portion of our population without care at all. It is my definite hope—and I believe that hope can be fulfilled—that within the next 10 years

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every part of the country—just to use an example—every part of the United States will have complete and adequate service for all women during maternity and for all newborn infants. That we can do.

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You, all the members of the Conference, have charted a course, a course for 10 years to come. Nevertheless, the steps that we take now, in this year of 1940, are going to determine how far we can go tomorrow, and in what direction.

I believe with you that if anywhere in the country any child lacks opportunity for home life, for health protection, for education, for moral or spiritual development, the strength of the Nation and its ability to cherish and advance the principles of democracy are thereby weakened.

I ask all our fellow citizens who are within the sound of my voice to consider themselves identified with the work of this Conference. I ask you all to study and discuss with friends and neighbors the program that it has outlined, to study how its objectives can be realized. May the security and the happiness of every boy and girl in our land be our concern, our personal concern, from now on.

You, the members of this Conference, this Conference on Children in a Democracy, you are leaders of a new American army of peace.

The White House Conference on Children in a Democracy

By Emma O. Lundberg

Assistant Secretary of the White House Conference

> More and more it becomes obvious that not in any one group resides the wisdom as regards the problems of the United States. Out of many backgrounds and many specialized types of knowledge comes the wisdom which can solve or at least lay the basis of solution for some of our great problems. One of our problems in this, as well as in every other Nation, is how to make it possible for the children who are the future generation to partake of the best that the Nation is able to give while they are children, while they are in the formative stage, while their health is being built up. This Conference has brought in people of many backgrounds, people with many points of view, people with a great variety of expert knowledge.

In these words, at the opening session, January 18, Chairman Frances Perkins summarized the task which faced the White House Conference on Children in a Democracy. Throughout the sessions two points stood out clearly—that the Conference was concerned with "the whole child," and that there must be Nation-wide response to the needs of children. The Conference was notable because of the emphasis which was placed upon the factors that determine the character of family life and the services provided by communities for their children. The topics discussed covered a wide range. Special attention was given to problems of rural areas, minority groups, and migrant families.

Selection of a membership of less than 700, representing the 48 States, the District of Columbia, Alaska, Hawaii, Puerto Rico, and the Philippine Islands, and including in its ranks those directly and indirectly concerned with child welfare in all its aspects, was the difficult task of the Committee on Organization of the Conference. The gathering was truly, as the chairman remarked, "a cross section of American life." The 450 members in attendance at the Conference sessions included representatives of health and social-welfare organizations, leisure-time agencies, farm organizations, labor organizations, churches, schools, organizations of parents, civic clubs, experts in various professional fields, as well as representatives of Federal, State, and local governmental agencies. Of special significance in connection with the proposed plan for "follow-up" of the work of the Conference is the fact that the Conference membership included persons who are active members of more than 150 national organizations whose work in some way relates to child welfare.

The Conference began on the morning of January 18 with a general session presided over by the chairman, Secretary of Labor

Frances Perkins. After presentation of Plans for Conference Procedure by the executive secretary, Katharine F. Lenroot, the chairman of the Report Committee, Homer Folks, presented the General Report for consideration of the Conference. As a background for discussion of the report by the members of the Conference, various phases were discussed in some detail by the following members of the Report Committee: Elisabeth Christman, secretary-treasurer of the National Women's Trade Union League; Mrs. Katharine Dummer Fisher; A. Graeme Mitchell, M. D., professor of pediatrics, College of Medicine, University of Cincinnati; W. R. Ogg, director of research, American Farm Bureau Federation; Floyd W. Reeves, director of the American Youth Commission; C.-E. A. Winslow, Dr. P. H., professor of public health, School of Medicine, Yale University. Two guests of the Conference, Charlotte Whitton, executive director of the Canadian Welfare Council, and Fru Betzy Kjelsberg, honorary president of the National Council of Norway and former chief inspector of factories of Norway, addressed the Conference briefly.

The afternoon of the first day was devoted to group discussions, the membership dividing into 11 groups for consideration of the preliminary topical reports and statements which had been submitted to the members in advance of the Washington sessions. These reports, prepared under the direction of the Report Committee by the research staff assisted by a large number of consultants from the Conference membership, dealt with the following subjects: The family as the threshold of democracy; economic resources of families and communities; housing the family; economic aid to families; social services for children; children in minority groups; religion and children in a democracy; health and medical care for children; education through the school, supplemented by a brief memorandum on library service; child labor and youth employment; and child development through play and recreation.

The groups discussing these preliminary reports suggested amendments to be incorporated in a later edition of this material which is to be prepared as "working material" for the use of groups and communities concerned with carrying out the recommendations of the Conference. Special attention was given to the sections of the General Report which incorporated the major recommendations of the topical reports, and the conclusions of the various groups were transmitted to the Report Committee for consideration and presentation to the Conference.

The entire day of January 19 was given over to discussion of the General Report by the Conference members. The recommendations of this report were laid before the Conference, point by point, and voted on after long and animated discussion from the floor. The report as a whole, as amended, was adopted and the Report Committee was charged with responsibility for incorporating the changes made by the Conference and preparing the report for publication.

The highlight of the Conference was the session held in the East Room of the White House the evening of the 19th, which was preceded by a reception by Mrs. Roosevelt. At this session the chairman summarized the objectives of the Conference and formally presented to President Roosevelt the Conference Report. Mrs. H. W. Ahart, president of the Associated Women of the American Farm Bureau Federation, spoke on The Significance of the Conference to Parents, and Homer Folks, chairman of the Report Committee, spoke on The Conference Report and Program of Action. The address of the President of the United States was especially notable, and not only the 500 persons who were present in the East Room, but the many thousands who heard it through the Nation-wide radio broadcast will long remember the earnestness of this appeal for the Nation's children.

The last session, on the forenoon of January 20, was devoted to consideration of a follow-up program. Throughout the Conference there had been a distinct current of thought that the sessions being held in Washington did not end the Conference, but rather that they marked the beginning of a 10-year period of Nation-wide participation in a program which would make the recommendations of the Conference mean something vital to all children. Mrs. Saidie Orr Dunbar, president of the General Federation of Women's Clubs, as chairman of the preliminary committee on the follow-up program, presented Plans for Nation-Wide Consideration and Action. Mrs. Franklin D. Roosevelt spoke on The Responsibility of the Individual and the Community; addresses were also made by Frank Bane, executive director, Council of State Governments, and by Paul V. McNutt, Federal Security Administrator. The Conference authorized the Planning Committee to arrange for the organization of a National Citizens' Committee and a Federal Interagency Committee to be responsible for the follow-up program.

The Conference sessions closed with the following pledge, proposed by the executive secretary, Katharine F. Lenroot, in response to which the entire membership arose:

> The membership of this Conference, bearing in mind those who are no longer with us and those who are still here to lend their support to the cause of childhood, with gratitude, reverence, and thanksgiving, for the things which they did, the courage which they manifested, and the leadership that they gave during the last decade, resolves to go forward in a manner worthy of them and worthy of the children whom we serve.

Implications for the Future

By Fred K. Hoehler

Director, American Public Welfare Association

Highly significant it is that in January 1940 one great Nation was able to call a conference on "Children in a Democracy" and that the carefully selected men and women who attended had given more than a year to earnest consideration of that subject.

The keynote of the Conference was struck by the often and sincerely spoken phrase, "Our concern is every child."

At the preliminary meeting in April 1939 President Roosevelt said of children and youth, "We no longer set them apart from democracy as if they were a segregated group. They are at one with democracy because they are dependent upon a democracy and democracy is dependent on them."

Throughout the sessions of the January Conference, the value that comes from such participation was stated over and over again. In one of the general sessions the forceful comment was made that it is a mistake to refer to children and young people as "citizens of tomorrow" instead of "citizens of today." Mrs. Roosevelt stressed the same point in reminding the Conference members that they themselves had learned to take responsibility by doing and that young people must be given the same chance. This was in accord with Miss Lenroot's statement made early in 1939 that the purpose of the Conference is to "focus the attention of the public upon those things which democracy ought to assure to children and upon ways in which a fuller measure of opportunity might be afforded to make it possible for youth to develop qualities necessary for participation in a democratic civilization."

The Conference itself was an experiment in democracy. In 1938 small, informal meetings were held to carry on preliminary planning. During 1939 plans became more definite, organizing machinery was established, and a preliminary conference was held in Washington. Throughout the year hundreds of men and women met in small groups to discuss the problems of these "new citizens of today." There was broad coverage in the groups participating. Labor organizations, farm organizations, churches, schools, leisure-time agencies, and health and welfare organizations were all represented. Agencies of the Federal, State, and local Governments and national organizations interested in children were also represented in the Conference membership and on committees. Through the work of committees, a research staff, and consultants, material and recommendations were assembled on 11 major topics for consideration at the White House Conference in January 1940. The material developed through this process was later discussed by other groups and finally approved by the Conference membership.

Realization that the Conference came at a critical time in the history of the world was apparent throughout the sessions. Since the last White House Conference, the delegates had lived through a decade of economic depression which had had serious effects on the welfare of children. Democracy itself seemed to have acquired an additional value in the light of dictatorships and the wars abroad. The reciprocal responsibility of democracy for children and of children for the democracy of the future were stressed throughout the Conference.

The Conference forecast developments over the next 10 years as well as appraising the deficiencies that still exist, in spite of the progress made since the first White House Conference, held in 1909. The 1940 Conference, in considering the experience of the three preceding ones, built on the past to strengthen democratic government for the future. The conference of 1909 gave impetus to the movement to establish the United States Children's Bureau; the conference of 1919 adopted child-welfare standards and stimulated efforts for health protection, child-labor regulation, and protection of handicapped children; and the 1930 conference adopted the Children's Charter and laid the foundations for new developments. On the foundations of these previous conferences, the 1940 White House Conference centered on the family and its well-being as essential to the well-rounded growth and development of children.

To foster democratic ideals and child welfare repeated emphasis was placed on the importance of the family unit. It was the first conference to consider the whole child in his natural setting and as a factor in our planning for a democracy. The housing which provides the homes for our Nation's children, their recreation, and their education—all received equal consideration with provisions for health and social services. The opportunities for work, the income of the child's family, and the vocational preparation of youth were considered, and the fundamental place of religion in

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IT IS IMPORTANT that every individual make a study of his own community and the needs of the children in that community. It is true we cannot separate the children from the needs of their families, but the more we know about our own community the better we will be able to understand what we hear about communities in other parts of the country.

—*Mrs. Franklin D. Roosevelt.*

THE SAFETY of our democracy depends in large measure upon the welfare of our children . . . and the well-being of our children depends upon real security for the family . . . The real success of this Conference will be measured by the extent to which we have learned in discussing these problems together what is to be done back in the communities. That is the test.

—*Paul V. McNutt.*

TO PUT the recommendations of the Conference into effect is not a matter of creating new agencies. Existing organizations need a continuing source of information and help in directing their efforts into the most fruitful channels and more fully coordinating their activities. There is need also to bring the work of the Conference to the attention of individuals all over this country, so that the goals for childhood which the Conference has set forth may be realized.

It is clear that Nation-wide planning is only the beginning of a program for making this Conference mean something to individual children. It must reach individual children in communities and States in Maine or Mississippi, New York, Michigan, or Florida. It must mean something to Johnny whose father is dead; to Mary who shares in the work of the family, following the crops and never staying long enough in any one place to become really settled in school; to undernourished Stephen, or crippled Susie, or George, whose mother is at her wits' end to know why he is forever coming to the attention of the police and the juvenile court. The general aims of the Conference are equally valid in all parts of the country and for all children; the community efforts that must be made to achieve the objectives will be many and varied.

—*Mrs. Saidie Orr Dunbar.*

ONE OTHER GROUP must be followed up, perhaps the most important, and possibly the most difficult, namely, ourselves. We see the White House Conference objectives now, we feel their importance at the moment, but they are no longer novel to us. Under the pressure of our other usual continuing interests, are we not likely to lose sight of the logical implication of what we have done here? We must organize procedures by which we may follow-up even ourselves, lest *we* forget.

—*Homer Folks.*

the cultural life surrounding children received whole-hearted recognition. It was truly significant in the light of world experience that a group of citizens could evaluate critically the deficiencies existing in our American economy and refer to the existing lack of opportunities for many children in the United States. At the same time there was an honest appraisal of the gains made during the last decade in services and opportunities for children.

The recommendations of the Conference grew out of a consideration of such problems and gains. Many of the recommendations called for expansion and extension of programs for social security, education, and health along lines already undertaken.

With the Conference largely devoted to forecasting developments over the next 10 years, the most important work of the Conference began at the end of the session. The loss of such far-sighted leaders as Grace Abbott, C. C. Carstens, and Senator Borah since the last White House Conference focused attention on the importance of developing new leaders to explore new areas of opportunity and to carry on the work for children in the years to come. It was the expressed determination of the Conference to devote the next few years to finding ways of bringing to all the children of our democracy the blessings now enjoyed by some of the children of the United States.

The membership voted to continue the work of the Conference through the completion of the Final Conference Report, based on the material presented to the Conference and the discussions which took place during the Conference sessions.

The membership also voted to ask the Planning Committee of the Conference to proceed at once to establish a National Citizens' Committee for conducting a follow-up program. This committee, largely nongovernmental in character, will work with a proposed Federal Interagency Committee and State groups, with the aim of presenting the Conference recommendations to the Nation. A review of the immediate and long-range implications of these recommendations will be heartening to anyone interested in child welfare and related services.

Just as past conferences had their definite and tangible results in greater concern for children and the provision of new and better services for them, so this Conference will leave its imprint on the march of history.

To put the recommendations of this fourth conference on children into effect is not a matter of creating new agencies or even new services. The recommendations are concerned principally with making wider use of the facilities and opportunities which now exist. They are a matter of attitude toward children and of children toward society.

A great deal of discussion at the January meetings urged the extension and strengthening of the children's services within the Federal Government and the several States. Recommendations called for larger appropriations for children's services.

When the final results of the 1940 White House Conference are summed up at the end of another decade, it should, if the will of this Conference is carried out, have created a place for the child in democracy and a greater concern for the child on the part of society. The family will be strengthened as the foundation of democracy. In this close-knit unit the patterns of life will be set. The concept of the dignity of the individual and his right to the fullest development first appear for the child in his family life. The White House Conference stressed the importance of the family as the foundation of democracy and urged upon the family the development of tolerance, social adjustment, and spiritual growth in early life.

The health and economic welfare of the child will improve during the next decade if the hopes and recommendations of this Conference are realized. Upon those who participated in the deliberations of the Conference there rests a responsibility to discuss the findings and to aid both governmental and private agencies to the end that recommendations may become accomplishments. Upon all others who believe in democracy as a way of life, there is an obligation to study the work of the Conference and to offer their leadership and strength so that youth and children as a part of our Nation can participate in the processes of democracy.

Agenda for a New Decade

Review of the General Report of the Conference

THREE QUESTIONS are asked in the opening pages of the General Report presented for discussion at the White House Conference on Children in a Democracy as adopted by the Conference. The first question has to do with how a democracy can meet the needs of children; the second and third questions, with how children may be prepared to meet the needs of a democracy.

Can a free people so plan as to assure themselves that the needs of all the children are met?

In order to accomplish this end—meeting the needs of all children—the report recommends action in certain fields long under cultivation: economic resources of families, financial assistance to families in need, housing, education, leisure-time services, library facilities, protection against child labor, vocational preparation and employment opportunities for youth, and health services and medical care.

"All children," of course, is a term that includes children under special disadvantages. For the special needs of these children a program of social-service activities is outlined. For children in minority groups and in families of agricultural migrants, too, the need for special services is discussed.

As to the nature of children's needs, the Conference report, building on the work of past decades, expresses the common convictions of Conference members representing many fields and many points of view. The work done at the Conference sessions, and by committee members between sessions, lay in formulating, clarifying, and unifying practical steps for meeting these needs. How should a democracy meet the needs of children?

Family incomes should be made more adequate and more secure by private and public measures to stabilize employment, to increase production and purchasing power, and to protect wages and bargaining rights, and by the development of social-insurance systems.

For families in need of assistance the recommendations of the report include extending unemployment compensation, workmen's compensation, and old-age and survivors benefits; Federal aid to the States for general relief; provision for continuing and flexible work programs for the unemployed; more adequate aid to dependent children; simplification of legal-residence laws; and Federal responsibility for the welfare of interstate migrants.

Housing needs should be met through slum clearance and public housing for low-income families, rural and urban; safeguarding of credit for private building and home ownership; reduction of building costs; and proper housing regulation and planning.

Educational inequalities can be reduced by enlarging units of school attendance and administration and by State aid to local school systems and Federal aid to States. The preparation and selection of teachers should be improved, and the number of pupils per teacher should be small enough to permit attention to the needs of each individual child. School systems should be extended to make appropriate provision for children between the ages of

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CONSERVATION of soil, water, forest, and so forth, we talk about, but what of the conservation of the greatest of all our resources—our children? . . . Surely they are worth mobilizing our vast resources in intelligent planning through democratic processes in order that poverty, human selfishness, and neglect may not crush out their opportunities and blight their future. They are even worth sacrificing a little tradition and a little personal liberty, if necessary, to assure more security, freedom, and protection for all.

—*W. R. Ogg.*

RAISING WAGE levels and increasing family income thereby remains the most important single consideration in furthering the national well-being of children.

—*Elizabeth Christman.*

3 and 6; also for youth up to 18 or 20 years of age, "either in preparation for higher education, in basic and specialized vocational training, or in general educational advancement." Schools should provide vocational guidance and organized assistance in job placement, available to young people while in school and after they leave school; also health supervision, health and safety education, wholesome leisure-time activities, training in civic responsibility.

Leisure-time services should be recognized as a public responsibility. Public and private agencies should cooperate in programs to meet inadequacies and in utilizing facilities, such as parks, schools, museums, libraries, and camp sites. Attention should be given to equalizing opportunities for rural children, children in congested city neighborhoods, children in minority and low-income groups, and children just leaving school, especially unemployed youth. Organizations concerned with the use of children's free time should encourage the intelligent choice and appreciation of commercial recreation and should collaborate with entertainment industries in providing radio and motion-picture programs which will contribute to the wholesome development of children. The report also recommends the creation of a privately supported nongovernmental national commission on recreation to study leisure-time needs and resources.

Library services should be extended and developed and should include traveling libraries to reach isolated rural communities, special collections of materials for children, and material and library advisory service for parents on subjects relating to child care and training. The States should assist in this development, and certain types of Federal aid are recommended.

To insure protection against child labor the Conference endorses as minimum legislative requirements a minimum age of 16 for all employment during school hours and for employment in manufacturing or mining occupations or in connection with power-driven machinery at any time; a minimum age of 16 for employment at any time in other occupations except as a minimum age of 14 may be permitted for limited periods of work after school hours and during vacation periods in agriculture, domestic service, street trades, and light nonmanufacturing employment; a minimum age of 18 or higher for employment in hazardous or injurious occupations; restricted working hours not to exceed 8 hours a day, 40 a week, and 6 days a week for persons up to 18 years of age, with prohibition of night work and provision for a lunch period; requirement of employment certificates based on physical fitness for all minors under 18; extra compensation under workmen's compensation laws in cases of injury to illegally employed minors; minimum-wage standards for employed minors; and abolition of industrial home work.

Compulsory school-attendance laws should be adjusted to the child-labor laws. A suitable educational program should be provided for all youths over 16 who are not employed or provided with work opportunities, and financial aid from public sources should be given whenever necessary to enable those who wish to continue their education even beyond the compulsory-attendance age.

The Conference also recommended the immediate completion of ratification of the child-labor amendment to the Constitution of the United States.

Needs of youth should be met through programs of general secondary education based on

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THE ESTABLISHMENT and maintenance of a fair educational opportunity for every child is set forth in the report both as a responsibility of democracy and as an unattained goal to be striven for in this Nation.

—*Floyd W. Reeves, Ph. D.*

AS IN NO OTHER country in the world, our governments have accepted the responsibility for providing educational advantages for all children and yet education, like some other more concrete commodities, suffers from problems of distribution—excellent facilities in some parts of the country, very poor facilities in others.

—*Frank Bane.*

FOR 150 YEARS, or a greater part of that time, we have been struggling with the question of how to control child labor . . . The people of this country want regulation of child labor. They want to see that evil eliminated completely and forever from our life.

—*Courtenay Dinwiddie.*

changing conditions and opportunities; vocational preparation, guidance, and counseling services adapted to modern conditions and changing needs of youth; placement services; and the expansion of public programs (Civilian Conservation Corps and National Youth Administration).

To conserve the health of children the Conference report advocates that preventive and curative health service and medical care be made available for the entire population, rural and urban, in all parts of the country. These services should be financed, for that part of the population which cannot obtain necessary medical service from its own resources, through general tax funds or social-insurance systems, or a combination of these methods. In particular, all women during maternity and all newborn infants should receive complete service for maternity care and care of the newborn, including medical, nursing, and hospital care as required. All infants and children should have access to preventive and curative medical services, including those for communicable-disease control. Local, State, and Federal Governments should share responsibility for the development of these services. The report also recommends that the President appoint a national nutrition committee of scientists, economists, agricultural experts, consumers' representatives, teachers, and administrators to review present knowledge, coordinate efforts to improve nutrition, and point the way toward a national nutrition policy.

For children under special disadvantages the report recommends a varied program of social service that will assure to each child security and protection, within his own home if possible, and opportunity for growth and development. The responsibilities of local welfare departments, child-caring agencies and institutions, juvenile courts, State welfare departments, and the Federal Government are outlined.

The report points out that *children in families of minority groups*—Negroes, Indians, Mexicans, and to a certain extent Jews and some foreign-born people—often suffer several types of handicaps. Their parents have less chance for employment and economic advancement; they experience a degree of social exclusion; they may receive an unequal share in public and private services; school, recreation, medical care, and welfare service.

The report urges that the effort to obtain equality or opportunity for children without regard to race, color, or creed can be pursued in the places and institutions that have the widest and potentially greatest influence upon children. Parents have a particular obligation to protect and strengthen the natural tolerance of their children. Schools are also in strategic position to foster tolerance and promote cooperation. In the local use of Federal and State grants the report recommends that the same standards be applied to minority groups as to others. Fair-labor-standards legislation and certain social-insurance benefits should be extended to agriculture and domestic service as

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THE DOCTOR, the nurse, the hospital and health administrator, the public-health official, and allied personnel must work together and, furthermore, public-health measures, the hospital, the clinic, and many private and public-health organizations are part of this plan. Health and illness are problems too complex to be solved by any one of these human elements or organizations.

—*A. Graeme Mitchell, M. D.*

THE CONDITIONS of life, the insecurities, the denials, and the destruction of human values which continue to be the lot of countless American families today, the report brings before us in no uncertain terms. It brings us to the brink and forces us again to face the wide and deep chasm which stretches between the realities of today and what America's democracy at its birth pledged to all of its people—equal opportunity to all and special privilege to none.

—*Josephine Roche.*

IT HAS COST us a good deal to become aware of rural poverty. Only through agricultural depression, floods, droughts, dust storms, and the onward march of technology in agriculture has it been brought forcibly to our attention. But if it has gained a place in the Nation's consciousness, perhaps the price has not been too high.

—*Hon. Milburn L. Wilson.*

occupations which include a large proportion of certain minority groups.

Children in migrant agricultural families constitute another disadvantaged group. To meet their situation, the report recommends that the Federal Government accept responsibility for the development of an inclusive plan for care of migrant families; that financial responsibility for interstate migrants should lie with the Federal Government, operating through State and local authorities wherever possible; and that State and local governments should take financial and administrative responsibility for families which migrate within State boundaries. The plan should include the orderly guidance of migrant labor in seasonal employment through Government employment services and should take into account the desire for resettlement of families for whom seasonal labor is only a makeshift. Long-range plans should be instituted that may prevent the necessity of families becoming migrants.

The extension of measures relating to wages and hours, collective bargaining, and social security to all agricultural labor would affect beneficially both migrant families and families in minority groups.

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Throughout the report recommendations for further study, for strengthening personnel and training standards, for financial assistance, and for administrative improvements are recurring themes, and one section is devoted entirely to the subject of public administration and financing.

Can a free people rear children who will become responsible citizens in a democracy? Can they rear children who in their turn will maintain and cherish their freedom?

In considering how an affirmative answer to these questions may be realized, the Conference report presents statements of principle rather than a program for definite action. Here the report penetrates beyond the field of children's needs and how they may be met and ventures into the field of democracy's needs for responsible citizens and how children may be prepared to meet them, with the family, religion, and the schools as its allies. On these, democracy depends for the rearing of citizens who will exercise "self-respect and self-reliance as well as

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AS OUR CHILDREN find understanding, tolerance, respect for themselves and their fellows, as they see us prize liberty beyond luxury, as they see us willing to work with others for the public good, we may hope that they will grow to express in their own lives the ideals of brotherhood.

—*Mrs. Katharine Dummer Fisher.*

A VERY significant factor is that the Conference is attempting to think in terms of the parents, themselves, and help them secure the information which is most needed in order to have healthier, happier children in America.

—*Mrs. H. W. Ahart.*

WE ARE the more deeply concerned about conditions which bring pain and sorrow within the four walls of home because we realize that whatever uncertainty, deprivation, and lack of adjustment may threaten our civilization, the simple, normal processes of love, parenthood, friendship, worship, joy, and suffering persist and breathe into our lives something of the substance of eternity. . . .

—*Hon. Frances Perkins.*

MORE AND MORE people are coming to realize that in spite of the great development of our materialistic society, we have deceived ourselves sometimes as to the importance of religion, and have forgotten in recent days that man's adjustment to God, which is the dictionary definition of religion, is a primary end in itself, and those who have experienced this adjustment regard it as an end.

We must assume that if a child is to grow up into a whole man, into a real person, into a complete entity, and take his part in the affairs of the world and look forward to taking his part in eternal life, his religious training and his religious life when he is young are basic and vital and cannot be overlooked by a good society.

—*Hon. Frances Perkins.*

THE CHILDREN are at the heart of our program and we must not forget the participation that they can give as they grow older.

—*Katharine F. Lenroot.*

respect for others and a cooperative attitude."

The report calls on the family, as the "threshold of democracy," to apply the democratic principle not only within the family but also by the family and its members in their relationships with others. It recognizes the potent influence of religion in developing in children a personal appreciation of ethical values consistent with a developing philosophy of life.

The responsibility of the schools is recognized for developing in children intelligent loyalty to democratic ideals and institutions. "The traditional concern of American education with ethical values as well as mental and physical development should continue to be the fundamental obligation of our schools." A recommendation is made that a privately supported nongovernmental commission be created to study how religious education may best be provided for in a total program of education, without in any way violating the principle of separation of church and state.

It is stated as the conviction of the Conference:

> That democracy can flourish only as citizens have faith in the integrity of their fellow men, and capacity to cooperate with them in advancing the end of personal and social living.
>
> That such faith and such capacity can best be established in childhood and within the family circle. Here the child should find affection which gives self-confidence, community of interest which induces cooperation, ethical values which influence conduct. Secure family life is the foundation of individual happiness and social well-being.
>
> That even in infancy, and increasingly in later years, the welfare of the child depends not alone upon the care provided within the family, but also upon the safeguards and services provided by community, State, and Nation.
>
> In presenting this document the Conference is convinced that the many recommendations are essential to the well-being of the children of America, that the proposals made are well within the capacities of the American people, and that the economic well-being of the country will be enhauced by carrying them out.

NEWS NOTES

Organization of National Citizens' Committee announced

Five members of the National Citizens' Committee authorized by the White House Conference on Children in a Democracy have been appointed by Frances Perkins, Secretary of Labor, acting as chairman of the Conference. They will serve as the nucleus of the National Citizens' Committee and will be responsible for the organization of the larger committee, which together with a Federal Interagency Committee, will have charge of developing a follow-up program for the Conference.

The five persons appointed, all of whom were active in the work of the Conference itself, are as follows: Homer Folks, secretary, State Charities Aid Association, New York City; Mrs. Saidie Orr Dunbar, president, General Federation of Women's Clubs, Washington, D. C.; Dr. William G. Carr, secretary, Educational Policies Commission, National Education Association, Washington, D. C.; Rev. Bryan J. McEntegart, director, Division of Children, Catholic Charities of the Archdiocese of New York, New York City; and Henry F. Helmholz, M. D., professor of pediatrics, Graduate School, University of Minnesota, Rochester, Minn.

American Forum of the Air

A radio discussion of Children in a Democracy, given as the regular program of the American Forum of the Air, Sunday, January 21, 1940, is available in printed form (American Forum of the Air, vol. 2, No. 16; Burland Printing Co., 421 Hudson St., New York). Theodore Granik acted as chairman, with Frances Perkins, Secretary of Labor, as guest chairman. Brief addresses were made by William Chenery, Dr. William G. Carr, Hon. Edith Nourse Rogers, Homer Folks, W. R. Ogg, Mrs. Katharine Dummer Fisher, and Mrs. Saidie Orr Dunbar, and a lively discussion was carried on among these and other members of the Conference.

General Report to be published

The General Report of the White House Conference on Children in a Democracy, incorporating the results of the Conference discussions, is now being prepared for printing. When published, single copies can be obtained on request from the Children's Bureau, U. S. Department of Labor, Washington, D. C.

Survey Midmonthly issues special Conference number

White House Conference articles by Homer Folks and Fred K. Hoehler appear in the February issue of the *Survey Midmonthly*, which is almost entirely devoted to a review of the Conference. The reader attends the Conference and hears the addresses, finds himself almost participating in the discussion, with Gertrude Springer and Kathryn Close of the *Survey* editorial staff.

The Conference recommendations are summarized by Beulah Amidon, also of the *Survey* staff, in an article based on the preliminary General Report prepared as the basis for Conference action and on the amendments voted on the floor of the Conference. Other articles include Backgrounds and Foregrounds, a selection of quotations from the topical reports prepared for use at the Conference; Plans for Action, in which the recommendations of the Committee on the Follow-up Program are given; and Follow-up Begins at Home, in which Conference members representing various State departments and national organizations tell their plans for putting the Conference recommendations into effect "at home."

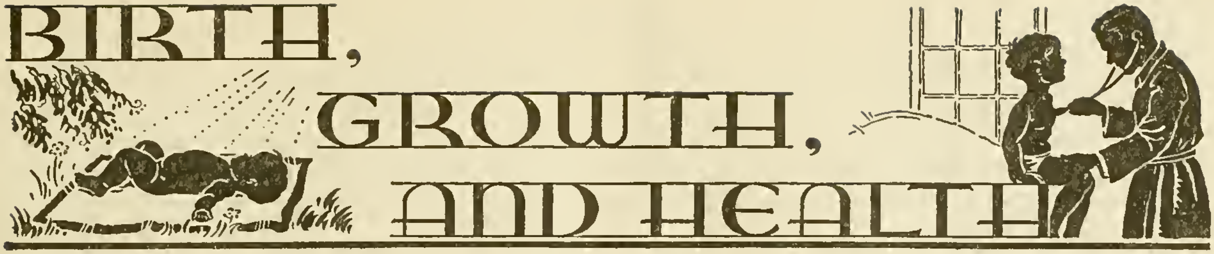
Copies of the *Survey Midmonthly* for February 1940 can be obtained from Survey Associates, Inc., 112 East Nineteenth St., New York, at 30 cents a copy; special rate for this issue, four for $1, postpaid.

SOME PEOPLE think the word "economy" means keeping money in your pocket. If you will look up the derivative meaning, economy means the wise management of the household. We have another word for keeping money in your pocket. It is parsimony. Economy means wise and judicious management for the general future good of the individual and of the Nation. . . . It will be very bad economy if we continue to save dollars in this country at the cost of the bodies and the minds and the souls of American children.

—*C.-E. A. Winslow, Dr. P. H.*

NO MATTER what the storms, no matter what the stresses, no matter what the world problems are, both economic and social problems, it is our intent and purpose to keep our minds firmly fixed upon the welfare of our children and to promote that welfare under all conditions, recognizing that they are the vitality, after all, of this great experiment which we are making upon this continent.

—*Hon. Frances Perkins.*



BIRTH, GROWTH, AND HEALTH

Puerto Rico and Child Health

By A. L. Van Horn, M. D.

Assistant Director, Crippled Children's Division, U. S. Children's Bureau

(Note.—Under the recent amendment to the Social Security Act, approved on August 10, 1939, were provisions for the extension of services under titles V and VI of the act to include Puerto Rico after January 1, 1940. Dr. Van Horn, representing the Children's Bureau, and Dr. M. V. Ziegler, representing the Public Health Service, visited Puerto Rico in December 1939 to assist the Insular Department of Health in the preparation of plans for cooperation in health services under the Social Security Act. The photographs on the back cover were taken by Dr. Van Horn.)

We were driving along the winding highway between Caguas and Cayey in Puerto Rico when my attention was suddenly attracted to a small procession of children and men who were walking slowly towards us. Two little barefoot girls about 8 years of age headed the procession holding simple floral wreaths before them. They were followed by several younger boys and girls and then by a man who was carrying on his head a small wooden coffin. There followed behind him several men who were neighbors and relatives. They were on their way to the nearby cemetery. I was informed that this was typical of rural funerals for infants and young children in Puerto Rico, and after driving through the countryside for several days I learned that it was a common sight—a tragedy out of harmony with the setting of this beautiful, tropical island of the West Indies.

Dr. Chaves, of the Insular Department of Health, who accompanied us, informed us that the infant mortality rate in Puerto Rico for the year 1938 was 121.2, compared with 51.0 for the same year in continental United States. He also stated that deaths among infants under 1 year of age make up about 25 percent of all deaths in Puerto Rico, and that approximately 45 percent of all deaths are among children under 5 years of age. The most important cause of death—gastrointestinal diseases, including diarrhea and enteritis—affects chiefly infants and young children. The tremendous importance of extending activities in the field of maternal and child health can be readily appreciated.

In Caguas we visited the local public-health unit, which is under the administration of the Insular Department of Health, and observed the clinics which were being conducted for mothers and children. The personnel in this local public-health unit consisted of a full-time medical health officer, four public-health nurses, sanitary officers, milk-station supervisor, milk-station aids, registrar of vital statistics, and clerical staff.

At the time of our visit a child-health conference was being held, and although the waiting room was crowded the conference was conducted in an efficient and orderly manner. A brief interval history of each child was taken by one of the nurses. The child was weighed and measured and then examined by the health officer. Several infants were immunized against diphtheria during the conference. I was informed that during the fiscal year 1938 more than 17,000 infants and young children were under supervision in the local health units throughout the island.

The health officer also informed us of the prenatal conferences which are held once a week in the public-health unit for the purpose of giving medical and nursing supervision to expectant mothers. Since more than 80 percent of the mothers in Puerto Rico are delivered by midwives, the Insular Department of Health through its Bureau of Infant Hygiene has been conducting an intensive program of midwife supervision by trained nurse-midwives in cooperation with the local public-health unit. More than 2,500 midwives are now registered by the department.

Another interesting program of the local public-health units is the work carried on in the milk stations. It is generally recognized that among the factors contributing to the high death rate among children and infants in Puerto Rico are those concerned with the inability of many families to provide clean, safe milk in sufficient quantities for their children to drink. One recent survey[1] revealed that, of 5,743 rural families studied, 3,258, or 57 percent, drank no milk whatever and that the remaining 2,485 families consumed less than half a pint per capita per day. Ten years ago the Insular Department of Health aroused the interest of local civic groups to the need for establishing milk stations where mothers could be instructed in the preparation of milk for their babies and where milk could be dispensed in sterile containers to needy families having young infants for whom no other safe supply of milk could be provided. At the present time 68 milk stations are in operation, and last year more than 2,500 babies, 800 nursing mothers, and 80 expectant mothers were provided with milk at these stations.

The importance of public-health work in Puerto Rico was first emphasized by Dr. B. K. Ashford, who, as an Army medical officer, was sent to Puerto Rico in 1898 with the American Army of Occupation at the close of the Spanish-American War. In 1899 he found the agricultural class, which makes up approximately two-thirds of the total population, decimated by anemia of unknown origin. His determination of that origin as hookworm and his campaigns against hookworm, and the conditions that encouraged its existence are now classics of world medicine and Puerto Rican history.

The first full-time public-health unit in Puerto Rico was established in 1926 in Rio Piedras, the university city just outside San Juan. During the past 10 years the Insular Department of Health, under the direction of Dr. E. Garrido Morales, has established a public-health unit in each of the 77 municipalities (counties). Each unit has a full-time medical officer, one or more public-health nurses, sanitary officers, and registrar of vital statistics.

The activities and services for which the local public-health unit is responsible under the direction of the Insular Department of Health cover the entire field of public health. In Caguas, for example, we observed not only a child-health conference, but also a treatment clinic for tuberculous patients being conducted in another part of the building. Tuberculosis was the leading cause of death in Puerto Rico for many years. Although the death rate from this disease is still more than five times as great as that in continental United States there has been considerable progress in lowering the death rate. Four modern tuberculosis hospitals with a total capacity of 1,400 beds provide facilities for the care of patients requiring hospitalization and surgical treatment. Since 1935 the Insular Department of Health has in addition established 10 antituberculosis centers, where at the present time approximately 2,000 ambulatory patients are receiving pneumothorax therapy. Included in the intensive case-finding activities is a program providing for a fluoroscopic and X-ray examination of high-school children for pulmonary tuberculosis. Likewise, children under 12 years of age who are known to have been in contact with tuberculous individuals are given tuberculin tests and, if results are positive, an X-ray of the chest is taken.

School-health activities are centered principally around the eradication of hookworm infestation, case-finding for tuberculous children, and inspection of children for the detection of physical defects. Although many years have elapsed since Ashford discovered the widespread prevalence of hookworm infestation and its resulting anemia among the rural population, little progress has been made in educating the people in a mode of living which will prevent transmission of this intestinal parasite. In the recent health survey it was found that of 5,743 rural families more than one-half had no facilities for the disposal of human excreta. As a result there are some rural areas where 80 percent of the school children are found to be infested with hookworm. During the school year 1938–39 more than 189,000 treatments were given to school children by the local health departments for hookworm infestation. An important related project which has just been put into operation through the cooperative effort of the Insular Department of Health and the Works Progress Administration is the construction of 25,000 sanitary privies for families in rural areas.

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[1] Morales Otero, P., Manuel A. Perez, R. Ramerez Santos, Rafaela Espino, and Mario Marrero: Health and Socioeconomic Studies in Puerto Rico, *Puerto Rico Journal of Public Health and Tropical Medicine,* March 1939, pp. 201–289.

Vaccination against smallpox is compulsory for all school children. Last year more than 37,000 school children were vaccinated. According to the latest report of the Insular Commissioner of Health not a single case of smallpox has been registered in the island for over 25 years.

The recent completion of facilities by the Insular Department of Health for more adequate public medical services is undoubtedly one of the most interesting features of the Insular Health Department program. Four modern, 300-bed, district hospitals are being completed. One has been fully equipped and is now operating. There is a 12-bed maternity ward with provision for isolating infected cases. There is also a well-equipped nursery with provision for the care of premature infants. The pediatric ward of this modern hospital was in marked contrast with the facilities provided for a young Puerto Rican boy whom I visited in one of the local municipal hospitals. Outpatient dispensary services are also being developed at the new district hospitals.

The maternal and child-health plan which has been developed by the Insular Department of Health provides for the extension and improvement of existing services in Puerto Rico. This plan was approved by the Chief of the Children's Bureau on February 3, 1940, and should lead to the continued extension and improvement of services for mothers and children in the island.

It is hoped that a comprehensive plan of services for crippled children will be worked out in the near future. Every effort is being made by the Insular Department of Health to determine the needs of crippled children and the means by which these needs can be met most satisfactorily.

Child-Health Conferences as Training Centers for Medical Students

By Owen S. Ogden, M. D.,[1] and Annie S. Veech, M. D.[2]

For some time it has been apparent that medical-school curricula have been lacking in satisfactory teaching opportunities for work with the well child, which should make up a large part of the practicing physician's work with children. The facilities for teaching pediatrics in most schools have been given over almost entirely to the care of the sick child, the medical student learning well-baby care as well as he could, incidentally, while learning the art of "healing the sick." With an increasing demand upon physicians to practice preventive medicine it seemed only logical that medical students should be given more opportunity to work with pediatricians who are supervising the health of well children.

To fill this need an arrangement has been made between the Division of Maternal and Child Health of the Department of Public Health of the City of Louisville and the Departments of Pediatrics and Public Health of the Medical School of the University of Louisville whereby three of the child-health conferences of the City Department of Public Health are used as teaching centers for third-year medical students as part of their regular course in pediatrics.

The centers care for well children only, the sick children being referred to the children's clinic of the City Hospital or to one of the two outlying neighborhood medical centers of the City Hospital. The City Hospital is under the Department of Public Health and is the teaching center of the Medical School. The child-health conferences are used as training and teaching centers for mothers, nurses, and now for medical students. All the centers are under the direction of a physician who is the director of maternal and child health of the Department of Public Health. The centers used for teaching are under the charge of physicians from the teaching staff of the Department of Pediatrics of the Medical School.

The teaching material is plentiful, as there are now approximately 6,000 babies and preschool children under the care of the child-health conferences. All these are from families who cannot afford private or part-pay care. The mothers are referred to the centers by the City Hospital or by private physicians after delivery. They are visited at home by nurses from the Department of Public Health and are advised to come to the centers as soon as they can; usually the first visit is made when the baby is about 3 weeks of age. The hospital sends a résumé of the history of every mother delivered there to the Department of Public Health when the mother is discharged. The visiting nurse takes the history of other mothers in their homes, and these are made a part of the infant's permanent record. The nurses have had courses in social service at the university and are cooperating with the medical-social-service department of the hospital in handling families who need their help.

Careful records are kept in the case of each child until he reaches school age. Periodic physical examination, habits and feeding history, immunization record (including diphtheria inoculation, Schick test, and vaccination), as well as hospital or clinic referrals, are entered on the record. The centers carry hospital referral sheets, which are returned to the centers when the child is discharged from the clinic or hospital. On another part of the record space is provided for notes of the nurse's home visits. These notes are full and give valuable information to the physician. The children are seen by a physician at monthly intervals until they are 1 year of age. Preschool children return to the center about every 2 months. More frequent appointments, as often as each week, are given when necessary.

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[1] Departments of Pediatrics and Public Health, University of Louisville Medical School.

[2] Division of Maternal and Child Health, Department of Public Health, Louisville, Ky.

There are 22 centers in operation in the city, with 60 conferences being held in these centers each month. They are located in settlement houses, libraries, schools, and parish houses. Two of the conferences are located in district health center buildings. The conference rooms are set up each week in clinic form. Each center has a large waiting room in which the social histories are taken, the babies undressed, and the mother given a large paper bag for the children's clothes; in this room the children are weighed and measured. In an adjoining room the doctor examines the children and advises and instructs the mothers. The mothers are allowed time to ask questions about their problems. The doctor's instructions are recorded by a nurse as he advises the mother. Recording the instructions familiarizes the nurse with them and prepares her for follow-up visits in the home.

Each of these conferences has a supervising nurse and three staff nurses, besides two volunteers who weigh and measure the children and act as hostesses. After the babies are dressed again the mother and child are taken to a conference table presided over by the supervising nurse, who goes over the notes on the record, supplements the instruction when necessary, and gives the mother a return-appointment slip.

In the centers used for teaching the medical students the examining room is divided by a heavy screen. Two examining set-ups are provided, one doctor giving his entire time to teaching and another, to checking up on the habits and feeding of children who have been previously examined.

This course in well-child supervision is given to the third-year class. Each section of students spends six afternoons on child-health work. A part of each 3-hour period is given to lectures on well-child work. These talks to the students include: First, the reasons for supervising the health of the well child, illustrated by mortality and morbidity charts, and a discussion of ways of preventing morbidity and mortality; second, a full explanation as to the methods of teaching mothers in the centers and the importance of detail in checking on whether instructions are carried out by them; third, the goal—to develop physically fit children, with desirable habits and satisfactory emotional adjustments, who are protected from preventable disease.

The student groups are small, there being about five students at each teaching conference, and attendance is compulsory. It has been found that the students get more out of the work when they are seated at the examining table with the doctor and the work is demonstrated with a mother and child present. The physical findings are demonstrated and instructions to the mothers are agreed on by the doctor and the student group. After they become more familiar with the work, the students are taught to do the physical examinations themselves and instruct the mother, being at all times supervised. They also have an opportunity to give diphtheria toxoid, Schick tests, and vaccinations. At the end of the afternoon the instructor and students discuss the work covered.

Usually by the time the students start their well-baby work they have already had theoretical training in infant feeding and formula writing. It is the aim in this course to give the student an opportunity to study the child as a whole with the emphasis placed on the physiological and psychological aspects of normal growth and development, habit training, and immunology and prevention of disease. Because of the large number of children from which to choose, it is possible to demonstrate all developmental stages in one conference, from the infant of 3 weeks to the school-age child. Variations from the normal are always present—children who are either retarded or advanced in development as well as children with nutritional disturbances. The students have an opportunity to see the application of the principles of nutrition learned in the lecture course. Breast feeding is given major emphasis, and special attention is given to the hygiene of the nursing mother. Child management and habit training are covered at each age level. Immunizations are given by the students, and they are thoroughly familiarized with the technique as well as the importance of these procedures.

By correlating child-health work with the clinical teaching of the care of the sick child it has been our purpose to give the medical student more opportunity to recognize normal development from both the physiological and psychological angles; to give him an opportunity to become adept in handling babies and children and in advising mothers adequately so that they leave the center with a sense of satisfaction and security; and, above all, to make him more familiar with the public-health point of view of the prevention of disease and the building of better individuals, a byproduct of which is the reduction of infant morbidity and mortality.

BOOK NOTES

THE PHYSICALLY BELOW-PAR CHILD; changing concepts regarding his care and education. National Tuberculosis Association, New York, 1940. 20 pp.

There are among school children, in addition to those who have definite physical handicaps, some who are physically below par to such an extent that modification of their school program is indicated. Because the recognition of this group among the so-called "exceptional" children and the device of open-air classes to care for them have been stimulated largely by tuberculosis associations throughout the country, the National Tuberculosis Association has felt a responsibility, not only to review the problems of selection and care of these children in the light of changing concepts in the field of tuberculosis control and of child health, but also to make needed recommendations. For this purpose a committee was appointed which, after careful study, has presented the present report.

In view of the impossibility of correctly evaluating the nutritional status of a group of children by a single examination it is recommended rather that the attempt be made on the basis of physical examination and other available information to select a group of children who appear to be under par, and for whom further study is indicated to determine the causes. Such further study should include socioeconomic factors in the home as well as the child's health history.

Whenever causes for the under-par physical condition are found, remedial measures should be undertaken. These should include adjustment of adverse home conditions, with referral to appropriate social agencies when necessary, as well as adjustment of the school program.

Segregation of these children in special classes in the school is not necessary and is now considered detrimental to their educational and social development. Exposure to low temperatures in open-air classrooms is now known to be undesirable. The report recommends that school procedures be adapted to individual children in such a manner as to provide rest periods, a lightened school program with avoidance of competitive activities which cause undue stress and strain, and attendance at regular classes for as much of the academic program as the child is able to carry out.

M. M. C.

ON THE STATE OF THE PUBLIC HEALTH: Annual Report of the Chief Medical Officer of the Ministry of Health for the Year 1938. H. M. S. Office, London. 1939. 230 pp. 3s. 6d. net.

Statistical information for England and Wales is made available in this report on a wide variety of subjects: Vital statistics; general epidemiology; the enteric group of fevers; emergency hospital organization; maternity and child welfare; relation of food to health and disease; cancer; insurance medical service; tuberculosis; venereal diseases; and medical intelligence, medical research, and international health.

In regard to maternity and child welfare the report states:

> Despite the many inroads on the time and interest of welfare authorities and their staffs during the year, the services for the welfare of mothers and young children have been maintained and even extended. New maternity departments have been built, and existing maternity units extended in response to the continued demand for in-patient maternity treatment. Domiciliary midwifery schemes have been consolidated and their early difficulties in working overcome.
>
> The chief statistics here are also pleasant to record. The birth rate, after many years of decline, shows a further rise. In 1938 it was 15.1 as compared with the rate of 14.9 for 1937. The infant mortality rate has declined to the record figure of 53 per 1,000 live births as compared with 58 in 1937. This is a material fall on the previous record of 57 per 1,000 live births in 1935. The stillbirth rate for 1938 was 38 as compared with 39 in 1937. The maternal mortality rate is again lower, 2.97 per 1,000 total births as compared with 3.13 in 1937.

SOCIAL WELFARE OF CHILDREN

Child-Welfare Services Bring Results

By a Child-Welfare Consultant

This section, consisting of 10 counties in a southeastern State, is characterized by a mild climate, a well-distributed rainfall, a long growing season, and highly productive alluvial soils adapted to the cultivation of a wide variety of crops.

In colonial days large grants of land were offered by the lords proprietors to induce new settlers to cast their lot with the early colonists. English merchants, we are told, gave planters all the credit they wanted; slaves were brought over in great numbers and the planters were urged to extend their operations. Thus was laid the foundation of a landed aristocracy bearing many of the earmarks of the feudal system—some of which are still retained.

Negroes outnumber the white population in 8 of the 10 counties, and the 1930 census showed more than two-thirds of the total population in the rural farm group. Racial and class prejudices exist to a more marked degree than is likely to be found in sections where the population is more mobile and the mode of living less in flexible. The economic and social submergence of the numerically preponderant group makes for the retardation of the section as a whole and creates problems which come to the attention of the child-welfare consultant in many guises, such as personality and behavior problems, delinquency, child marriage, children born out of wedlock, and the indiscriminate giving and "selling" of children.

A short school term for the Negroes and irregular school attendance by the tenant children of both races are reflected in a high rate of illiteracy. Neglected health problems take their toll in reduced efficiency, which in turn makes for a low earning power which makes for poverty with its attendant problems. Lack of wholesome recreational facilities leads to the development of warped personalities and frequent manfestations of "problem" behavior.

Although resources to cope with existing problems in this section are distressingly inadequate, an evaluation of their development during the past few years offers encouragement. Until the Federal Government's inauguration of an emergency relief program in 1933 assistance had been confined almost exclusively to the inmates of the almshouses and approved lists of "paupers" to whom the county boards of commissioners administered outdoor relief on a most meager basis, and to certain "worthy" individuals (in many instances professional beggars of consummate skill who trained their children as understudies in their art) capable of arousing the compassionate interest of the communities. Religious and fraternal organizations frequently overlapped in their benevolences. Gradually a realization of the importance of good community organization for the common good has developed. There is a better understanding of the place of skilled service in determining the social need of individuals and in organizing plans for their treatment.

Today we have in each county—

A. *A department of public welfare*, which—

1. Provides categorical assistance on the basis of need determined by a social investigation and granted on a budgetary basis;
2. Brings the client in touch with existing agencies, such as county health department, county farm agent,

hospital and clinical service, legal aid, and so forth, of whose services he had failed to avail himself;

3. Familiarizes the client with new specialized services which have come into existence under the social-security program, such as child-welfare services to crippled children, service to the blind, vocational rehabilitation, and so forth;

4. Acts as "clearing house" for other community agencies; and

5. Through its board and staff, is developing the function of interpreting problems to the lay public in such a way as to stimulate them to coordinate existing and develop new resources to meet them.

B. *Child-welfare consultant service.*

The special child-welfare services made possible through Federal funds under title V, part 3, of the Social Security Act for predominantly rural areas have made available to all districts in the State child-welfare consultants assigned by the State department of public welfare, through its child-welfare division. To these workers the local problems of dependent, neglected, and delinquent children are referred by the county departments of public welfare for advice. The consultants help the local staffs to plan for such children and for others who present problems of adjustment to their families, to schools, to courts, and to the communities in general.

C. *Attendance teachers.*

The school-attendance law, which had proved ineffective because there were no adequate means of enforcement up to 1937, attained a real significance when, in the fall of that year, an attendance teacher was attached to the staff of each county superintendent of education.

D. *Works Progress Administration.*

The lessened hazard of unemployment which has grown out of the WPA program has done much to give a sense of security to the families of a substantial group of the population of this district who were formerly dependent on seasonal farm labor.

E. *Professional social workers.*

The small group of professionally trained social workers who are employed in the capacity of field representatives and consultants for the several divisions of the State department of public welfare rendering specialized service to the counties under the social-security program—together with the members of local welfare staffs and representatives of other agencies and institutions who have availed themselves of the opportunity of taking professional training—have helped to develop an increased consciousness of th esocial problems of the area and to provide cooperative leadership in planning a program designed to solve them.

Rural Home-Demonstration Agents in Venezuela

A service by rural home-demonstration agents is now being set up in Venezuela under the Ministry of Agriculture. A course for the training of such agents was recently established. Plans have been made to concentrate the agents' activities on three main problems. The most important problem is the presevation and canning of fruits, vegetables, and other foods for home use. Food is abundant and cheap in season; but since the women do not know how to preserve it large quantities of it are wasted.

The second function of the home-demonstration agents will be teaching the mothers simple methods of cleanliness in the home, particularly the extermination of insects.

Demonstrations in making home furnishings will be the third phase of the agents' work. It has been stated that while the men are engaged in strenuous field work the women will be taught to make simple and inexpensive beds, tables, chairs, cradles, closets, cupboards, and smaller household accesories.

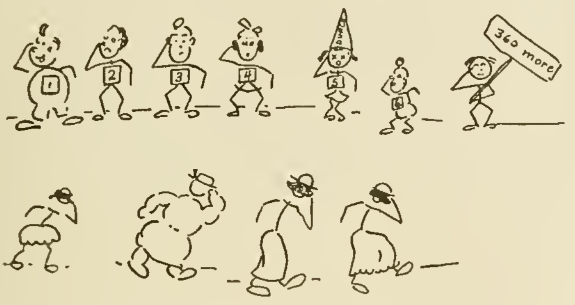
It is expected that as soon as the rural women of Venezuela learn to do these things and find that practically no expense is involved, they will begin to consider these activities indispensable.

Archivos Venezolanos de Puericultura y Pediatria, Caracas, No. 2, 1939, pp. 138–140.

A. K. S.

SANTA CRUZ CHILD-WELFARE CASES

As described by Mrs. Etha Skouden, County Welfare Director, Santa Cruz, California, and sketched by Katie Adair


1
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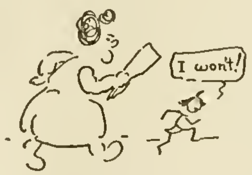
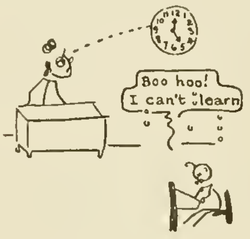
360 more

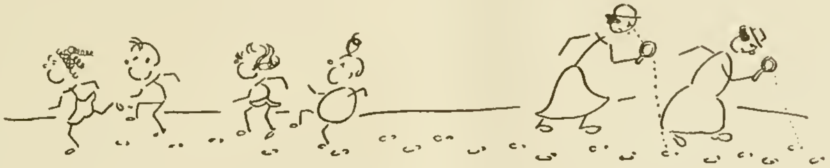
Santa Cruz has been reviewing its Children's Cases...
..and we think they all need Child-Welfare Services!



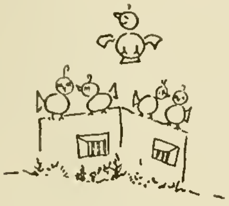
There's Jenny's mother
who doesn't understand


Boo hoo!
I can't learn

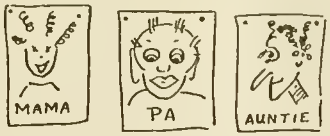
and Tommy



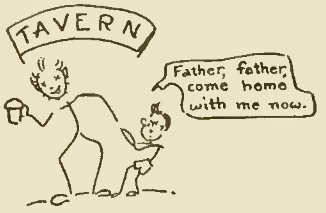
We are investigating their past



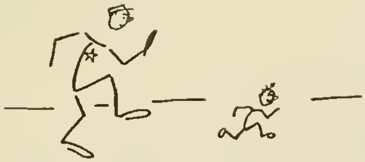
Some parents were jailbirds


MAMA
PA
AUNTIE

Some parents were insane
or were they?


TAVERN
Father, father, come home with me now.

Some parents were drunkards...



Some kids barely escape
the hands of the Law —

Yes, Santa Cruz County needs Child-Welfare Services to help its children become GOOD CITIZENS!

BOOK NOTES

Proceedings of the National Conference of Social Work, 1939

The 655-page volume of the Proceedings of the National Conference of Social Work at the Sixty-sixth Annual Conference held in Buffalo, N. Y., June 18–24, 1939 (Columbia University Press, New York, 1939; $3), contains 66 papers selected on the basis of "timeliness, significance to large groups of practitioners, freshness of presentation, and permanent usefulness for reference purposes." Instead of following the traditional method of grouping papers as they appeared on the conference program, the editors have arranged them according to reader interest. In addition to the general addresses there are papers on health, youth, employment and security, industrial standards and relations, dynamics of interstate migration, housing, social case work, social group work, the special fields of children, the aged, the mentally sick, the blind, and unmarried parenthood, the State and its counties, the community, and the arena of Government.

Included among the papers dealing directly with work for children and young persons are: Learning to Know the Child Through the Every-day Contacts of the Case Worker, by Margaret W. Gerard, M. D.; The Future of the Juvenile Court as a Case-Work Agency, by Alice Scott Nutt; Parent-Child Relationships in Unmarried Parenthood, by Mary S. Brisley; Unmarried Parenthood Under the Social Security Act, by Mary S. Labaree; a paper on the treatment of the blind child, From the Mind Within to the World Without, by Harvey Zorbaugh, M. D.; A Developing Eye Health Program, by Harry S. Gradle, M. D.; Job Preparation and Juvenile Guidance on a National Front, by Mary H. S. Hayes; An Experiment With Young People Under Democratic, Autocratic, and Laissez-Faire Atmospheres, by Dan L. Adler, Ronald Lippitt, and Ralph K. White; and The Young Adult Knocks at Our Doors, by Owen R. Lovejoy.

Also of special significance in connection with work for children are two of the papers on health: The Work of the Interdepartmental Committee To Coordinate Health and Welfare Activities, by Martha M. Eliot, M. D.; and Planning a National Health Program, by I. S. Falk.

* * * * *

Social Case Work in Practice; six case studies, by Florence Hollis. Family Welfare Association of America, 122 East Twenty-second Street, New York. 1939. 313 pp. $2.50.

The author states in the introduction that these six case studies are presented in the hope that they will add to the skill of case workers in assisting clients to deal more successfully with the realities of their lives. The records, selected as examples of good case work, are presented in somewhat abridged form. After describing significant interviews the author comments on the material which the client has given and on the case worker's participation in that interview. The closing chapter reviews the principles underlying treatment in these six cases.

The book will be studied by case workers who wish to improve their own case-work practice, and it will also be used as a basis for staff and classroom discussion. It will have an interest for anyone who wishes to know more of human behavior and to have a better understanding of case work.

Federal Activities in Education. Educational Policies Commission, National Education Association, Washington, 1939. 151 pp. 50 cents.

The purposes, scope, administration, and organization of Federal agencies conducting educational activities are the subject of this study, which was conducted by Dr. Lloyd E. Blauch for the Educational Policies Commission.

One chapter, Child Health and Welfare Activities Related to Education, is devoted to the work of the United States Children's Bureau.

Other chapters deal with the land-grant colleges and universities, occupational training, placement, and rehabilitation, education for national defense, emergency education activities, the United States Office of Education, special conferences and committees, including the White House conferences on children, and miscellaneous educational activities.

EMPLOYMENT PROBLEMS OF MINORS

Program of Action of the American Youth Commission

The immediate situation of youth in the United States with reference to employment, health, and education, as affected by the war abroad is the subject of a statement adopted by the American Youth Commission of the American Council on Education in October 1939. This has now been published in pamphlet form by the Commission (A Program of Action for American Youth, Washington, 20 pp.).

This program deals with the problems of youth that are now most urgent, as is pointed out by Floyd W. Reeves, director of the American Youth Commission, in the foreword.

The Commission urges the Government, the schools, and all organizations concerned with the welfare of youth to expand their programs and redouble their efforts:

> The immediate objectives should be improvement of the health, education, and employment opportunities of young people, to the end that they may have a sense of quickening life and power in this Nation. Yet in all of this and through all of this, youth must become increasingly aware of higher spiritual values and led to approach that understanding of human nature and of human destiny which gives democracy its reason for existence. Only if they have that understanding and our democracy is still a living force may we expect young people confidently to devote to it their best energies throughout their lives.

In regard to employment opportunities for youth, the Commission holds that "every young person who does not desire to continue in school after 16 and who cannot get a job in private enterprise, should be provided under public auspices with employment in some form of service." It points out that public work for young people should be planned with special regard to its educational quality.

Under health, the methods recommended by the Commission for removing preventable handicaps center about a national health program, directed to the needs of citizens of all ages, but with especial emphasis on youth through school-health programs, expanded health programs of agencies dealing with out-of-school youth, public recreational programs, and adequate medical care.

In regard to education, the Commission states: "The schools must reconsider the fundamentals of the education they provide in terms of the objectives that are now appropriate. These objectives must include the effective preparation of young people for life in all its aspects—for work, for use of leisure time, for home membership, for health, and above all for citizenship in a democracy." Improvements in school management and finances as well as in educational programs are discussed, and aid for children of destitute families is recommended that will make their attendance at school possible. The Commission also recommends strengthening the educational aspects of the work and study programs for unemployed out-of-school youth carried on by the Civilian Conservation Corps and the National Youth Administration.

The Commission's statement ends with a warning that: "In the present situation there is danger not only that the financial support of schools and other educational institutions may be curtailed when it should be expanded.

There is also the far more important danger that in the heat of controversy the schools may fail to achieve, or even in some cases may be excluded from, their most important objective: so to educate the young that conflict of opinion on current issues of the day will be changed into a search for truth and for a wise course of action. . . . The survival of democracy in this country is dependent upon our utmost efforts to strengthen the forces of education. We dare not withhold our efforts to improve education for even a brief period."

BOOK NOTES

COUNSELING YOUNG WORKERS, by Jane F. Culbert and Helen R. Smith. Vocational Service for Juniors, 95 Madison Avenue, New York, 1939. 212 pp. $1.75.

This account of the program of the Junior Consultation Service of New York City will be of particular interest to persons concerned with the employment problems of young people. The program described is designed "to deal with the vocational problems of young people between 16 and 25 years old, at the point of employment."

Initiated in 1934, the Junior Consultation Service is an outgrowth of work in vocational guidance and junior placement which has been carried on for some years by the Vocational Service for Juniors, a privately supported agency in New York City, and is today jointly sponsored by that agency and by the New York State Employment Service and the National Youth Administration.

In discussing organization, philosophy, and procedures the authors give many suggestions in regard to professional practices for the counselor in his work with the client and his analysis of the client's problem, and in his contacts with placement offices, schools, and other agencies with which he works in assisting the client to find a satisfactory solution to that problem.

The book is in four parts: I—The Counselor's Work With the Client; II—Working Relationships With Other Agencies; III—Administrative Procedures and Office Mechanics; IV—The Psychological Department. The schedules, forms, and reports which the Junior Consultation Service regularly uses are reproduced and explained in two appendixes.

J. P.

AN AMERICAN EXODUS; a record of human erosion, by Dorothea Lange and Paul Schuster Taylor. Reynal & Hitchcock, New York. 1939. 158 pp. $2.75.

Through documentary photography the authors, a professional photographer and a social scientist, report the present exodus from selected areas of the country. In choosing their subject matter they have been guided by their belief that the exodus "attains its most dramatic form on the deltas, the prairies, and the plains of the South, and in the tide of people which moves to the Pacific Coast." The pictures are accompanied by a text made up of quotations from the people met in the field and, to a limited extent, of the conclusions of the authors.

Interstate Conference on Migratory Labor

A regional conference to discuss problems related to migratory labor, sponsored by the Labor Commissioners of four States, Delaware, Maryland, New Jersey, and Virginia, was held in Baltimore on February 12 and 13, 1940. It was participated in by representatives of the various State and Federal departments concerned and of State and local agencies dealing with problems incident to the use of migratory workers. The topics discussed were: Education and child labor; health, sanitation, and living conditions; recruiting practices; and relief.

EVENTS OF CURRENT INTEREST

New Information on Children in the Coming Census

By Robert J. Myers, Ph. D.

Director, Division of Statistical Research, U. S. Children's Bureau

The census of 1940, the Sixteenth Decennial Census of the United States, is of particular interest to persons concerned with child welfare. It will be the first census in the history of the United States to record a decrease in the number of children in the population and will thereby serve as a solemn reminder of the importance of safeguarding child life. Although the total population will not reach its peak for several decades the proportion of children is declining steadily. The new census is also important as a means of bringing up to date the population bases for specific areas, and as a source of new information on the environment and characteristics of the child population.

Preliminary plans for the census reveal that it will retain most of the desirable features of earlier censuses and will make a number of modifications and additions which should increase its usefulness. Although limitations of funds and other practical considerations have prevented the inclusion of some significant inquiries on which information is sorely needed, the contributions of the Sixteenth Census promise, on the whole, to be extremely illuminating.

The census of population.—Strictly speaking, it is inaccurate to refer to "the census," for the vast body of information accumulated decennially is the product of a series of censuses, all concerned with different subjects and depending on different groups of respondents. Most comprehensive and best known of these is the census of population, which reaches every household and is designed to include every person. It is this census which is of greatest importance to persons interested in child welfare.

One important item to be obtained this year for the first time is the highest grade of school completed by each member of the population. This question replaces the previous inquiry on literacy, which has for many years been of decreasing importance as a measure of cultural advancement. The new measure, when compared with attained age, will be of particular significance in describing the child population. The inquiry on present school attendance, referring to the preceding month, is more specific than the question in the 1930 census, which referred to attendance during the preceding 7 months, and should result in more dependable information.

The new population census includes four questions regarding residence 5 years ago—on April 1, 1935—which should produce valuable material regarding recent population movements. From this information it will be possible, for example, to learn the present whereabouts of the families who have migrated from the Dust Bowl or the extent to which farm families have moved to the city and city families to the farm.

The new inquiries on employment status represent, for the most part, a substantial improvement over those in earlier censuses. Of particular interest is the provision for identifying young persons looking for work but without previous work experience as "new workers." Information of this type has not previously been collected, but is needed because of the adverse influence of the depression on work opportunities for the young. Persons employed on public emergency work projects will be enumerated separately. Information on employment status will be obtained only for persons 14 years of age or over.

Of special interest are three supplementary items on human fertility, to be obtained from a 5-percent random sample of the population. All women in this sample who are married or have been married will be asked to fill out the following items: (1) "Has this woman been married more than once?"; (2) "Age at first marriage," (3) "Number of children ever born (do not include stillbirths)." Since this information may be related statistically to all other information on the population schedule it should reveal much that is not now known regarding regional and other variations in fertility. Among other supplementary questions are three relating to veterans and their wives, widows, and children under 18 years of age.

Other censuses.—Along with the census of population is expected to come the Nation's first complete census of housing. The schedule for this census requires 31 items of information, which will be obtained for each of the approximately 35,000,000 dwellings throughout the land. These items will provide a body of information of great usefulness to those interested in welfare work and social planning. The census will reveal not only the age and type of each structure, the amount of space per resident, and so forth, but will also provide other valuable measures on consumption standards of the residents, such as their possession of radios, use of mechanical refrigeration, and the type of fuel they use for heating.

Also to be conducted at the same time as the census of population are the census of agriculture and the census of drainage and irrigation. The censuses of manufactures, wholesale and retail business, and mines and quarries are already under way.

Check on birth registration.—An important byproduct of the population census is the opportunity to check the completeness of birth registration throughout the United States. To accomplish this in connection with the census of population a special, brief schedule is to be made out for each infant born during December 1939 and January, February, and March 1940. Such schedules will represent approximately one-third of the annual number of births.

Special transcripts of birth certificates for infants born in these months will also be obtained by the Bureau of the Census, and by matching these two sets of records it will be possible to ascertain how many and which births have not been officially recorded. Steps may then be taken to attain complete registration of births in areas where it is now lacking. In this way it may be possible to bring about complete birth registration in all States in the near future. The matching of records will also provide a rough check on the completeness of census enumeration of infants.

Also to be assembled are special transcripts of death certificates for infants born during the 4-month period. The matching of this information with material from the birth certificates and the census schedules will provide an unusual opportunity for the study of infant mortality.

The Children's Bureau is completing special arrangements with the Bureau of the Census for the study of all maternal deaths and deaths of infants under 1 month of age for a period of years centering about the census year. The availability of up-to-date census figures for comparative purposes and for the establishment of rates should make a study of mortality during these years particularly significant.

Annual Reports

Carnegie Corporation of New York

As President of the Carnegie Corporation Mr. Keppel reports total disbursements during the year 1938–39 amounting to $67,850,000. The continuing programs of the Corporation involved grants to academic libraries for the purchase of books; endowment grants to two library schools; grants-in-aid and travel allowances to almost 500 individuals; grants for scientific research and for education investigations; and the distribution of art and music study sets. The dental program and the study of the Negro in America were also continued. Grants to several educational organizations were renewed.

The Report of the President and of the Treasurer for the Year Ended September 30, 1939 (Carnegie Corporation of New York, 522 Fifth Avenue, New York, 167 pp.).

Commonwealth Fund

About two-thirds of the total appropriations of the Commonwealth Fund made in 1938–39 were for the promotion of health through medical education, medical research, public health, and the rural hospital program. In medical research continuing or repeated grants bulked much larger than the new ones.

In the field of pediatrics the Fund found it useful to establish clinical teaching facilities which bring a psychiatric point of view into the pediatric service and to give young pediatric instructors fellowships for graduate training in phychiatry.

The uncertainties attending the whole of organized philanthropy during the year were especially marked in connection with the British Fellowships offered by the Commonwealth Fund. "The fact of war has already disrupted the hopes of nearly half the young men chosen for study in the United States in 1939," and the courses of some of the 1938 men were curtailed abruptly.

Twenty-first Annual Report of the General Director of the Commonwealth Fund for the Year Ending September 30, 1939 (New York, 41 East Fifty-seventh St., 1940, 72 pp.).

NOTES

Staff studies of Advisory Committee on Education

With the issuance of a report, State Personnel Administration With Special Reference to Departments of Education, by Katherine A. Frederic (Staff Study No. 3, Advisory Committee on Education, Washington, 1939; 271 pp.), publication of the 19 staff studies of the Advisory Committee on Education is now completed.

Many of the studies may soon go out of print permanently, but copies of them all are now available from the Superintendent of Documents, Washington, D. C.

Training schools for workers in the field of physically handicapped

The training school for workers in the field of the physically handicapped, sponsored annually by the National Society for Crippled Children of the United States of America, will be held in Cleveland, June 7–14, 1940.

Membership in the course, which is designed especially for persons in the field of administration of work for crippled children, will be limited to 50 persons. Information may be obtained from the National Society for Crippled Children at Elyria, Ohio.

CONFERENCE CALENDAR

Mar. 28–30	Child Welfare League of America. Midwestern regional conference, Schroeder Hotel, Milwaukee, Wis. Chairman: Mrs. Nelle Lane Gardner, 734 North Jefferson St., Milwaukee, Wis.
Apr. 4–6	American Academy of Pediatrics. Meeting of Region 1, Mayflower Hotel, Washington, D. C. Regional chairman: Dr. Stanley H. Nichols, 501 Grand Ave., Asbury Park, N. J.
Apr. 24–27	American Association for Health, Physical Education, and Recreation (a department of the National Education Association) and the Midwest Physical Education Association. Annual convention, Hotel Stevens, Chicago.
Apr. 29–May 3	Association for Childhood Education. Forty-seventh annual study conference, Milwaukee, Wis. Headquarters: 1201 Sixteenth St. NW., Washington, D. C.
May 1–3	American Pediatric Society. Fifty-second annual meeting, Skytop Lodge, Skytop, Pa. Secretary-treasurer: Dr. Hugh McCulloch, 325 North Euclid Ave., St. Louis, Mo.
May 11–14	National Florence Crittenton Conference. Fifty-seventh annual meeting, Hotel Père Marquette, Peoria, Ill. Information: National Florence Crittenton Mission, 408 Duke St., Alexandria, Va.
May 12–18	Biennial convention of three national nursing organizations, Philadelphia. American Nurses' Association, National League of Nursing Education, and National Organization for Public Health Nursing. Information from any one of above organizations, 50 West Fiftieth St., New York.
May 26–June 1	National Conference of Social Work. Sixty-seventh annual session, Pantlind Hotel, Grand Rapids, Mich. Hotel information: Rodney D. Schopps, Pantlind Hotel Bldg., Grand Rapids, Mich.
May 26–June 1	American Library Association. Sixty-second annual conference, Netherland Plaza Hotel, Cincinnati, Ohio.
June 7	American Heart Association. Sixteenth scientific meeting, Hotel Roosevelt, New York. Permanent headquarters: 50 West Fiftieth St., New York.
June 10–14	American Medical Association. Ninety-first annual session, Grand Central Palace, New York. Permanent headquarters: 535 North Dearborn St., Chicago, Ill.
June 23–27	American Home Economics Association. Thirty-third annual meeting, Hotel Statler, Cleveland, Ohio. Permanent headquarters: Mills Bldg., Washington, D. C.

U. S. GOVERNMENT PRINTING OFFICE: 1940

PUBLIC HEALTH UNIT IN YAUCO, WHERE CHILD-HEALTH CONFERENCES ARE HELD (right).

PUBLIC HEALTH UN

PEDIATRIC WARD IN NEW DISTRICT HOSPITAL IN BAMYÓN, UNDER INSULAR DEPARTMENT OF HEALTH (below).

THE SOLE PATIENT AND THE COOK IN ONE OF THE SMALL, MUNICIPAL HOSPITALS (above)

OXEN TOWING CAR ABANDONED BY AUTHOR IN FLOODED STREAM (left).

From "Puerto Rico and Child Health," p. 235.

UNITED STATES DEPARTMENT OF LABOR

FRANCES PERKINS, SECRETARY

◆

CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

THE CHILD is published monthly by the Children's Bureau, United States Department of Labor. Its publication was approved by the Director, Bureau of the Budget, May 12, 1936, to meet the need for an exchange of information between the Children's Bureau and the various agencies actively engaged in furthering the interests of children. It contains articles, brief reports, news items, and reviews of new publications relating to current developments in the fields of child health, child welfare, juvenile delinquency, and the employment of minors in the United States and in other countries.

The Children's Bureau does not necessarily endorse or assume responsibility for the statements or opinions of contributors not connected with the Bureau.

The Social-Statistics Supplement, issued four times a year, contains summaries of current social statistics relating to child welfare, prepared by the Bureau's Division of Statistical Research

THE CHILD (with Social-Statistics Supplements) is sent free on request to a restricted list, including State and local officials and agencies actively engaged in work for or with children. Others may subscribe through the Superintendent of Documents, Government Printing Office, Washington, D. C. (price, $1 a year; 10 cents a copy; postage additional outside the United States).

Manuscripts, inquiries, and requests to be placed on the free mailing list should be addressed to Editor, The Child, Children's Bureau, United States Department of Labor, Washington, D. C.

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Social Statistics

Supplement Number 3, March 1940

to

THE CHILD—Monthly News Summary

Volume 4, Number 9

Published by the

CHILDREN'S BUREAU

U. S. DEPARTMENT OF LABOR

WASHINGTON, D. C.

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SOCIAL-STATISTICS SUPPLEMENT

Number 3 March 1940

TO

THE CHILD, MONTHLY NEWS SUMMARY, VOLUME 4, NUMBER 9

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The SOCIAL-STATISTICS SUPPLEMENT is issued by the Children's Bureau four times a year, in connection with the Bureau's monthly publication, THE CHILD.

The purpose of the supplement is to make available for general use summaries of current social statistics related to child welfare, prepared by the Bureau's Division of Statistical Research. While material presented in the supplement will be based largely on reports forwarded by health and social agencies in connection with the Bureau's project for the registration of social statistics, closely related material from other sources will also appear from time to time.

A PLAN FOR THE CURRENT REPORTING OF SOCIAL STATISTICS

The social-statistics project of the Children's Bureau of the United States Department of Labor is a current-reporting project using standardized forms and instructions, through which 42 urban areas are recording monthly the services provided by various health and welfare agencies. Since the inception of the project more than 10 years ago an important objective has been the current publication by the central office of the main trends in health and welfare statistics. Because of the more immediate importance of other objectives, the publication of current data has not been developed as fully as desired.

As a result of recent developments it is now possible to issue at least a minimum monthly compilation of data reported from the various cities. This schedule provides for releases covering the basic trends in the fields of child care, health, and leisure-time and miscellaneous services. Certain measurements of relief trends will also be included to round out the welfare picture for reporting areas. However, the detailed material made available currently in that field by various public and private national agencies, particularly the Social Security Board, will not be duplicated.

Before considering further this new reporting plan and its problems it is appropriate to review briefly the history of the project.

Background of the Project

The project has its roots in the 1920's and was the outgrowth of the efforts of several local community chests and councils to obtain uniform statistics bearing on work done by local health and welfare agencies. In 1924 Raymond Clapp, at that time with the Cleveland Welfare Federation, undertook, with the cooperation of Community Chests and Councils, Inc., and 19 local councils, a study of the expenditures and services in the cities where these councils were located. The interest developed by this study continued. Community Chests and Councils was particularly impressed with the need for sound methods of record keeping by social agencies if such work was to improve. In 1927 a joint committee was organized by the Community Research Committee of the University of Chicago and Community Chests and Councils to make plans for the collection of monthly reports from social agencies in 29 areas, including 13 of the areas participating in the special 1924 study. In June 1930 it was arranged that the project, having demonstrated its merit and being in need of the greater resources and stability that could be provided by a Government agency, was taken over by the United States Children's Bureau, the activities of which are closely related to the reporting of child care and health and group-work activities. The project has continued to receive valuable assistance from Community Chests and Councils, from national organizations interested in particular fields of the project, and from many other agencies and individuals.

All the 42 areas now participating in the social-statistics project have a population of 100,000 or more. The areas and the years in which they began to report are as follows:

1928

Akron
Buffalo
Canton
Chicago
Cincinnati
Cleveland
Columbus
Dayton
Denver
Des Moines
Detroit
Grand Rapids
Indianapolis
Minneapolis
Newark
New Orleans
Omaha
Richmond
St. Louis
St. Paul
Sioux City
Wichita

1929

Louisville
Kansas City, Mo.
Wilkes-Barre

1930

Duluth
Hartford
New Haven
Springfield, Mass.
Washington, D. C.

1932

Milwaukee
Pittsburgh
Syracuse

1933

Birmingham
Providence

1935

Los Angeles
Houston

1936

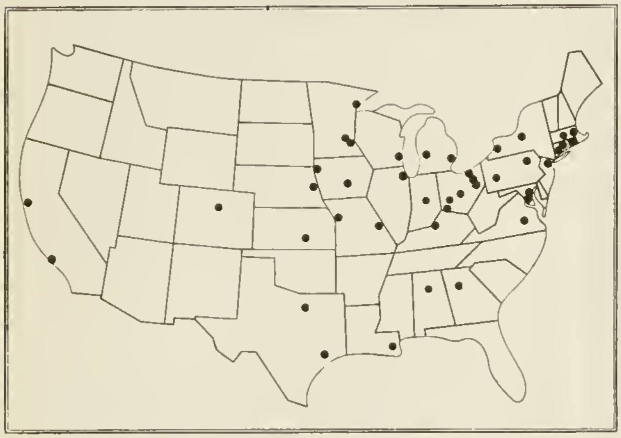
Atlanta
Baltimore
Boston
Dallas

1937

San Francisco

The objectives which have enlisted the cooperation of the participating urban areas may be summarized under three principal headings: First is the development of good uniform schedules and instructions in the various welfare fields; second is the stimulation of recording and study of welfare conditions in the local communities; third is the collection and publication by the central office of significant statistical information regarding welfare activities in urban communities.

LOCATION OF AREAS PARTICIPATING IN THE SOCIAL-STATISTICS PROJECT, FEBRUARY 1940



Particular attention has been paid to the first objective, namely, the development of uniform schedules and instructions.[1] The policy has been to proceed cautiously in making changes, and the advice of many interested national organizations as well as of local agents and reporting agencies has been sought in considering revisions. Changes have been minimized in recent years in the comparatively well-established fields, such as family relief and child care, whereas reporting systems in fields such as medical social work, care of transients, and organized recreation have been revised to a greater extent on the basis of recommendations by local agents and other persons using reports.

With reference to stimulation of use of the data obtained through the project in local areas, a good deal of work can still be done. However, a number of the areas make some regular publication, in monthly bulletins or otherwise, of statistics collected through the project. All areas make use of the material for budgetary and administrative purposes. The Bureau has cooperated with local communities in many joint conferences, such as the annual Great Lakes Institute and the Blue Ridge Institute, arranged by Community Chests and Councils.

The contributions of the project have probably been least in the matter of national publications. Having been instituted just at the beginning of the depression the project provided the best statistical information available regarding relief trends during the early depression period. A summary report on these principal relief trends covering the period 1929-35[2] was released in 1937 and has been widely used as background material in other studies. Special articles in the former monthly bulletin, currently in the quarterly *Social-Statistics Supplement*, and elsewhere have dealt with the various other health and welfare programs. The Community Welfare Picture, published in 1939, and the similar study made in cooperation with Community Chests and Councils in 1938 have provided valuable information with regard to the over-all cost of community welfare programs.

While the large public-welfare programs have been operating and the reports issued in connection with their activities have tended to reduce public interest in the social-statistics project at least two unique features of the project have stood out to make its potential contribution important.

With the development of these national programs it has been logical to place emphasis on State-wide or Nation-wide totals. There are, however, local community conditions and problems affecting these programs and their relationships. The social-statistics project represents the only important attempt to appraise the various fields of welfare activity from the community point of view.

Second, although voluminous statistics are available with regard to certain administrative programs the social-statistics project is the only available source of current information regarding many fields of welfare activity—for example, certain services provided to children and certain health statistics. The project is one of the few which includes private welfare activities as well as public.

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[1] These schedules, purchasable at $1 per 100 from the Government Printing Office, are used in a large number of areas not participating in the project.

[2] Trends in Different Types of Public and Private Relief in Urban Areas, 1929-35. U. S. Children's Bureau Publication No. 237, Washington, 1937. 143 pp.

An important purpose of the new reporting plan has been to realize more fully these potential contributions. Furthermore, it is believed that the project has reached a stage of maturity in which continued concentration of available staff on the development of schedules and instructions does not promise proportionate returns. Hereafter, much greater results should be achieved from emphasis on local uses of the material and on the national publication of material for general use.

Revised Plan for Current Reporting of Data

The new plan of reporting provides for current monthly reports of data by city showing certain trends in the various health and welfare fields included in the project. These will be in addition to more comprehensive articles to be published quarterly in the *Social-Statistics Supplement* and occasional special studies, such as The Community Welfare Picture. To place this plan in operation requires that substantially complete coverage of agencies be obtained in the various reporting areas, that the same agencies report from month to month, that they report promptly, and that at least certain basic items be reported by all cooperating agencies in a given field.

The first problem--to obtain substantially complete coverage in the various fields--requires the continued attention of the local agent to assure reporting by the many agencies operating in his area. In some fields this problem is slight, as in the case of large public-relief programs. These programs, accompanied by complete State or Federal reporting systems, require reports for administrative purposes and the figures are available as a matter of course. It is quite another story to obtain substantially complete data in many of the twenty-odd health and welfare fields covered by the project. For instance, to obtain a fair idea of the number of children cared for away from home or, again, of the number of public-health-nursing visits made in a single urban area may involve obtaining comparable reports for 5, 10, and occasionally many more agencies. To produce satisfactory monthly reports, however, substantially complete coverage is essential.

Once satisfactory coverage has been obtained there is the additional problem of insuring continued and prompt reporting by all these agencies. Reporting in the project is entirely voluntary, yet it is evident that unless the same agencies report from month to month, comparability of the data will be destroyed.

To require reports from each and every agency monthly would be extremely difficult, especially in fields where small agencies predominate. Therefore, based on certain rough statistical measurements of volume of service, a minimum standard of

Table showing number of areas and number of agencies expected to be included in the new reporting plan, by field of service

Field of service	Number of areas	Number of agencies
Protective and foster care of children	40	263
Institutional care of children	40	458
Day-nursery care of children	35	166
Maternity-home care	30	85
Hospital in-patient service	29	405
Clinic service	38	422
Medical service provided in the home and in doctors' offices	25	58
Medical social service provided by hospitals and clinics	24	108
Services of mental-hygiene clinics	27	47
Public-health-nursing service	30	108
School hygiene service	30	68
Services of group-work agencies	27	297
Local groups organized under national programs	34	98
Legal aid	26	28
Social-service exchange	41	42
Private family welfare and relief statistics	42	279
Public family welfare and relief statistics	42	115
Aid to dependent children	40	49
Aid to the aged	41	55
Aid to the blind	37	42
Service and relief to transients and travelers	33	52
Temporary shelter for the transient and homeless	37	157
Institutions for aged, chronically ill, and dependent adults	32	234

Note: Data on homes for the aged, chronically ill, and dependent will be released annually.

four-fifths of the total estimated service in a field has been set. This greatly increases the number of cities that can participate by making unnecessary the reports from certain agencies.[3]

A final requirement is that each agency must report certain minimum, important items monthly to the Children's Bureau, even though it may be unable to supply other, less vital information. Although the importance of complete reporting has always been stressed, some agencies reported only the items used locally. These items have varied from area to area, and it has heretofore been impossible to attain complete reporting from all areas of the information most significant for national publication. Hereafter, until a substantially complete group of agencies in a given field can provide the minimum information the local agent will not list that field for inclusion in the current-reporting plan.

Because of the requirements discussed it is realized that not all cities can report in all fields. A preliminary listing of fields of service expected to be reported monthly has been obtained from each of the reporting areas. A summary of these lists, indicating somewhat more complete reporting than had been expected, is given in the table on the preceding page.

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[3] Tabulations made for the recent study, The Community Welfare Picture, emphasize the importance of large agencies in a number of fields. In the eight largest fields included in that study (exclusive of public assistance) it was noted that a small number of agencies accounted for the bulk of the expenditures. For example, in the private general-relief field 27 of 312 agencies reported about one-half of the total expenditures; in the field of institutions for the aged, chronically ill, and dependent adults, 11 of a total of 45 public agencies reported two-thirds of the total expenditures; in the field of private leisure-time activities less than one-half of the 531 agencies reported 89 percent of the total expenditures. In the public-assistance field the importance of large agencies is well known.

TEMPORARY SHELTER FOR HOMELESS OR TRANSIENT PERSONS, 1936-38, IN 29 URBAN AREAS[1]

In the last decade the most important event in the field of care of transients has been the existence of a Federal transient program from the summer of 1933 to the end of 1935. In the years preceding the organization of the Federal program large increases in the number of transients and homeless greatly overtaxed the facilities of both public and private agencies organized for their care. The midmonthly census of persons cared for at the peak of the Federal transient program (February 1935) was reported as 300,460; transient camps and bureaus were operated throughout the United States. The total amount of Federal assistance to transients exceeded 86 million dollars.

During the period immediately following the dissolution of this program agencies in many areas were unable to provide for transients. During 1936, the first year following the end of the Federal program, the number of meals provided in 20 cities was 65 percent lower and the number of lodgings was 61 percent lower than the numbers provided in 1932, the year before the Federal program was established.

After the closing of the Federal transient program an attempt to provide for transient and homeless persons was made through a broadening of Works Progress Administration and Civilian Conservation Corps regulations to permit the employment of transients in these programs. In some areas unattached residents formerly cared for in shelters or camps have in recent years been given relief similar to that provided for family groups. In some areas State or local public agencies have operated a program for transients. Wide public interest has been aroused in revising State laws to make possible more adequate provision of care to transients and other persons lacking legal settlement. It seems to be agreed that there should be uniformity of State laws regarding legal settlement and that State relief authorities should be strengthened for more effective action in regard to relief of transients. At the same time, it is recognized that Federal action is necessary if the problems of the transient are to receive adequate consideration. A Council on Interstate Migration was incorporated in 1938 to work toward the solution of problems of population movement, of which the relief needs of transients form a part. This committee is an outgrowth of the Committee on Care of Transient and Homeless.

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[1] As used in this article the term "transient or homeless" includes (1) transients and (2) residents of the community who are locally regarded as homeless and who receive relief of the same type that is provided to transients.

Shelters for transient and homeless persons are operated by public agencies and by private agencies such as the Salvation Army, Volunteers of America, Catholic, Protestant, and Jewish agencies, and nonsectarian agencies such as missions and sailors' homes. Self-supporting agencies are excluded from tabulations presented here. Agencies are regarded as self-supporting if meal or lodging rates are high enough to cover costs. Agencies that are organized as lodging houses for low-income, independent persons are also excluded; agencies reported here are regarded as being organized for the provision of relief to persons in need.

Experience of 29 Urban Areas, 1936-38

The unsettled nature of this problem gives added interest to periodic analyses of changes occurring in the volume of shelter care provided to transient and homeless persons. Reports of the number of meals and lodgings provided in 1936, 1937, and 1938 as part of separately organized shelter programs are available for 29 urban areas of the United States. Figures presented here may be regarded as reliable, since reports from the 29 areas cover 85 percent or more of all meals and lodgings provided in each area as part of specially organized shelter programs.

The data assembled do not measure the degree to which relief programs as a whole in these areas have adequately taken care of transient and homeless persons who have needed relief during 1936, 1937, and 1938. The figures presented here, however, indicate the number of meals and lodgings provided during 1938, the increase from 1936 to 1938, the proportion of total meals and lodgings that were provided by public agencies during 1938, and the degree to which the provision of temporary shelter by public agencies was greater in 1938 than it had been before the beginning of the Federal transient program. Inadequacies in the record-keeping systems of many agencies providing shelter make inadvisable the presentation of data relating to number of individuals receiving meals and lodgings during the period 1936-38. Reports from a number of areas indicate that the proportion of total individuals served who were under 16 years of age was apparently very small--less than 2 percent in most of the areas.

Meals and Lodgings Provided in 29 Urban Areas During 1938[2]

An average of 31,383 meals and of 10,696 lodgings, as the accompanying table shows, was provided daily as part of specially organized shelter programs for the transient and homeless in 29 large urban areas during 1938, the third year after the end of the Federal transient program.

Less than 100 meals were provided daily in 4 of these 29 areas during 1938; the number of meals provided by 6 areas exceeded 1,500 per day. An average of less than 50 lodgings was provided daily to transient and homeless in 4 of the 29 areas; more than 750 lodgings were provided daily in 4 areas.

As would be expected, there is a close relationship between the number of meals and of lodgings provided. The 10 areas furnishing the largest number of meals during the year also, with one exception, furnished the largest number of lodgings. Detailed figures for each of the 29 areas are given in the table.

Trends in Number of Meals and Lodgings Provided in 29 Urban Areas, 1936-38

In many areas the total number of meals and lodgings provided during 1936 had decreased from that provided during 1934, when the Federal transient program was in operation. By the end of 1938, however, State and local public agencies and private agencies in some areas may have been able to readjust themselves to care for transient and homeless persons who had been cared for by the Federal program.

There was a 10 percent increase from 1936 to 1938 in the number of meals and a 14 percent increase in the number of lodgings provided to transient and homeless persons in the 29 areas under discussion.

Of the 29 areas, 22 showed an increase from 1936 to 1938 in number of meals provided. The increase exceeded 50 percent in 6 areas; it amounted to 15 percent or less in 5 areas. Twenty of the

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[2] The figures concerning meals and lodgings that are presented here relate both to free meals and lodgings and to those for which a fee is charged. (See ftn. 1 concerning self-supporting agencies.) However, reports of meals and lodgings exclude those provided to staff members and to local homeless persons who reside in a shelter for transients more or less permanently, providing services to the agency in the capacity of staff members.

Average number of meals and lodgings provided daily as part of shelter programs in 29 urban areas during 1936, 1937, and 1938, and percent change from 1936 to 1938

Urban area	Average number of meals served daily			Percent change 1936 to 1938 in total meals served	Average number of lodgings provided daily			Percent change 1936 to 1938 in total lodgings provided
	1936	1937	1938		1936	1937	1938	
Total, 29 areas....	28,478	30,414	31,383	+10	9,386	10,316	10,696	+14
Public...........	12,418	13,638	14,562	+17	3,713	4,170	4,732	+27
Private..........	16,060	16,776	16,821	+4	5,673	6,146	5,964	+5
Akron (all private).....	299	275	425	+42	108	97	148	+37
Atlanta................	801	743	681	-15	279	252	278	-1
Public................	[a]696	[a]630	591	-15	[a]237	[a]208	239	+1
Private...............	[a]105	[a]113	[a]90	-15	[a]42	[a]44	[a]39	-8
Baltimore (all private).	[a]219	235	294	+34	[a]78	87	134	+72
Birmingham.............	4	16	51	+1,128	2	5	16	+563
Public................	....	13	....	....	....	4	....	....
Private...............	4	3	51	+1,128	2	1	16	+563
Boston.................	903	1,029	1,068	+18	424	475	489	+15
Public................	270	229	300	+11	178	179	199	+12
Private...............	633	800	768	+21	246	296	290	+18
Bridgeport.............	300	277	64	-79	102	111	30	-70
Public................	[a]236	[a]236	[a]20	-92	[a]79	[a]79	[a]6	-92
Private...............	64	41	44	-30	23	32	24	+2
Chicago................	3,261	4,185	6,071	+86	1,092	1,396	1,984	+81
Public................	1,978	2,952	[a]4,992	+152	706	1,013	1,669	+135
Private...............	1,283	1,233	1,079	-16	386	[a]383	315	-19
Cincinnati.............	1,452	1,334	1,757	+21	419	386	534	+27
Public................	1,431	1,312	1,724	+20	402	366	513	+27
Private...............	21	22	33	+56	17	20	21	+25
Cleveland..............	2,356	2,665	2,593	+10	775	834	818	+5
Public................	2,062	2,375	2,300	+11	691	751	732	+6
Private...............	294	290	293	(b)	84	83	86	+3
Dallas (all private)....	115	129	148	+28	26	43	48	+84
Des Moines.............	73	69	86	+17	35	34	40	+12
Public................	[a]66	[a]61	[a]80	+21	[a]33	[a]32	[a]38	+15
Private...............	7	8	6	-17	2	2	2	-25
Duluth (all private)....	268	434	467	+74	188	236	243	+29
Grand Rapids (all public)	451	521	673	+49	149	161	186	+24
Hartford...............	728	639	927	+27	239	207	288	+20
Public................	[a]394	[a]300	[a]541	+37	[a]131	[a]100	[a]181	+37
Private...............	334	339	386	+15	[a]108	107	107	-1
Houston................	413	298	548	+32	75	92	154	+105
Public................	252	138	178	-30	....	....	....	....
Private...............	161	160	370	+129	75	92	154	+105
Indianapolis (all private)	[a]672	[a]781	[a]1,120	+66	[a]298	[a]354	[a]471	+58
Kansas City, Mo. (all private)	1,181	1,178	1,183	(c)	372	392	411	+10

Average number of meals and lodgings provided daily as part of shelter programs in 29 urban areas during 1936, 1937, and 1938, and percent change from 1936 to 1938--Continued

Urban area	Average number of meals served daily			Percent change 1936 to 1938 in total meals served	Average number of lodgings provided daily			Percent change 1936 to 1938 in total lodgings provided
	1936	1937	1938		1936	1937	1938	
Los Angeles (all private)	1,757	[a]1,641	[a]1,843	+5	596	[a]517	[a]578	-3
Louisville (all private)	168	99	62	-63	84	99	90	+7
Milwaukee	2,729	2,678	511	-81	633	795	287	-55
Public	2,194	2,088	....	(d)	356	427	....	(d)
Private	535	590	511	-5	277	368	287	+3
Newark	2,015	2,025	2,200	+9	723	710	756	+4
Public	967	1,033	1,174	+21	324	317	365	+12
Private	1,048	992	1,026	-2	399	393	391	-2
New Haven	329	574	590	+79	105	193	197	+87
Public	[a]133	[a]399	[a]414	+211	[a]44	[a]133	[a]138	+211
Private	196	175	176	-10	61	60	59	-3
New Orleans (all private)	[a]1,057	[a]945	341	-68	[a]472	[a]456	214	-55
Pittsburgh (all private)	3,916	4,388	4,229	+8	1,102	1,135	1,098	-1
Providence	1,190	1,263	1,173	-2	371	391	349	-6
Public	786	855	843	+7	233	248	230	-2
Private	404	408	330	-19	138	143	119	-14
San Francisco (all private)	137	359	332	+142	58	[a]267	219	+277
Sioux City (all private)	648	646	629	-3	229	224	217	-5
Syracuse	843	759	1,077	+27	255	248	348	+36
Public	[a]502	[a]496	[a]732	+45	[a]150	[a]152	[a]236	+56
Private	[a]341	263	345	+1	[a]105	96	112	+7
Wilkes-Barre (all private)	[a]193	229	240	+24	[a]97	119	71	-27

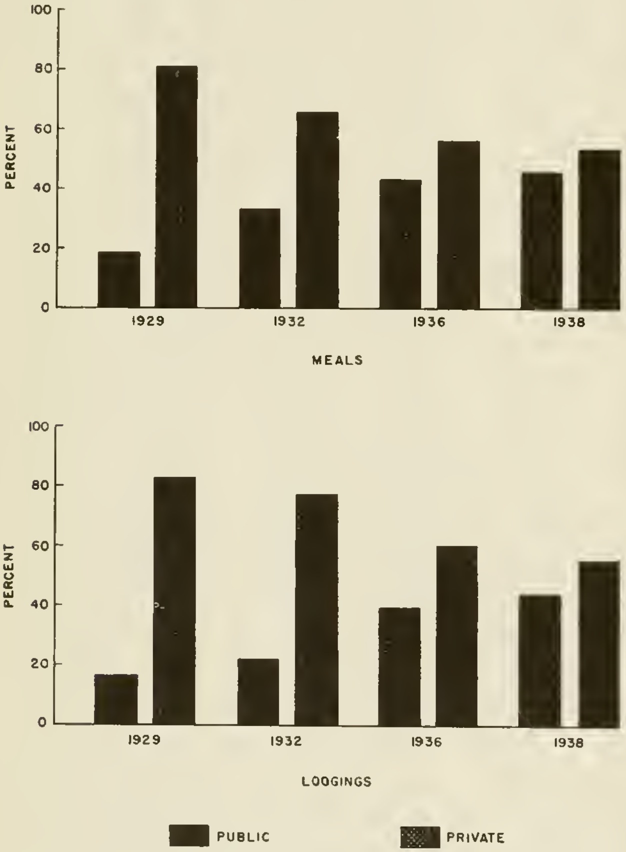
[a] Includes estimates.
[b] Decrease less than one-half of 1 percent.
[c] Increase less than one-half of 1 percent.
[d] Public agency closed in 1938.

29 areas showed an increase from 1936 to 1938 in number of lodgings provided. The increase amounted to 15 percent or less in 6 areas; it exceeded 50 percent in 8 areas. Decreases of 50 percent or more from 1936 to 1938 were reported by Bridgeport, Milwaukee, Louisville, and New Orleans. Increases and decreases from year to year do not necessarily indicate a change in the amount of care provided to the transient and homeless, since one factor influencing changes in volume of care given in shelters is the transfer of transient and homeless persons from one type of care to another. For example, decreases in Bridgeport and Milwaukee between 1936 and 1938 were due in large measure to the closing of public shelter programs and the transfer of care of transients and homeless to general-relief programs. On the other hand, increases in some areas, such as New Haven and Chicago, have resulted partly from a movement in the opposite direction.

Within a community changes in the volume of care provided in shelters result from factors such as variations in the funds available for relief or ideas concerning the least expensive type of relief, in the policies of agencies, or in the number of transients and homeless needing relief. From area to area the number of transient and homeless persons needing relief varies with the operation of factors such as size of the city, its location with regard to lines of transportation, and the type and economic status of the area in which the city is located.

All these factors are in operation in the areas under consideration. For example, Chicago, which is a center for migratory labor, a transportation center, and the largest city in the group, provided the largest number of meals and lodgings of any city in the 29 areas during 1938. Chicago also experienced a large increase between 1936 and 1938 in the provision of shelter under public auspices. This resulted from changes in policies for caring for transient and homeless persons. Residents who had been transferred from care in shelters to domiciliary care in 1935 were transferred back to shelters in the years between 1936 and 1938, and transients who had been refused assistance for a brief time in 1936 because of shortage of funds were again given shelter under public auspices. Among the factors influencing these changes were a belief that the shelter program was less expensive than domiciliary care and the inability of the majority of transient men to obtain a place to live.

FIG. 1.—PERCENTAGE DISTRIBUTION OF MEALS AND LODGINGS PROVIDED BY PUBLIC AND PRIVATE AGENCIES IN 67 URBAN AREAS, 1929 AND 1932[1] AND IN 29 URBAN AREAS, 1936 AND 1938[2]



[1] BASED ON TABLE 25 OF CHILDREN'S BUREAU PUBLICATION NO. 237, TRENDS IN DIFFERENT TYPES OF PUBLIC AND PRIVATE RELIEF IN URBAN AREAS, 1929—33, P. 63

[2] BASED ON DATA PRESENTED IN THE ACCOMPANYING TABLE.

Wilkes-Barre, on the other hand, provided a small number of meals and lodgings in both 1936 and 1938. It is a relatively small city in an area where the climate and industries are not likely to attract transients. There was a 27 percent decrease in lodgings provided in Wilkes-Barre between 1936 and 1938. One factor causing this change was a decrease in the number of transient persons coming to that community, which was considered to be in a depressed economic condition.

Other factors were in operation in Duluth and Louisville. The increases between 1936 and 1938 in meals and lodgings provided in Duluth may be regarded as an example of the assumption by local private agencies of the responsibilities formerly carried by public agencies and of a change in policy of one shelter, which instituted free breakfasts for all applicants regardless of residence. The decrease in number of meals provided in Louisville is also an example of the effect of a change in policy by a private agency.

Trends in Number of Meals and Lodgings Provided by Public Agencies in 29 Urban Areas[3]

In 1938, 46 percent of the meals and 44 percent of the lodgings provided as part of shelter programs in the 29 urban areas were provided by agencies operating under public auspices (fig. 1). Similar data based on reports in 67 urban areas[4] indicate that in 1929 only 19 percent of the meals and 17 percent of the lodgings provided in those 67 areas were provided by public agencies. By 1932 the number of meals furnished by public agencies had increased to 34 percent of the total, and lodgings provided by public agencies had increased to 22 percent of the total (fig. 1). An increase in the proportion of meals and lodgings provided by public agencies has, therefore, occurred between 1932 and 1938.

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[3] For purposes of this tabulation public agencies are defined as those operating under public auspices. Meals and lodgings paid for from public funds but provided under private auspices are tabulated as provided by private agencies.

[4] Trends in Different Types of Public and Private Relief in Urban Areas, 1929-35, table 25, p. 63. U. S. Children's Bureau Publication No. 237, Washington, 1937.

Although this increase is logical in view of the increasing necessity for public agencies to assume responsibility for providing care to transient and homeless persons, the extent to which public agencies provided such care in 1938 varied widely from area to area. In 1938 meals and lodgings were reported as being provided by public agencies as part of specially organized shelter programs in only 14 of the 29 areas. In 2 other areas public agencies had operated for part of the period but were not providing meals and lodgings during 1938. Public-agency provision of temporary shelter between 1936 and 1938 in the other 13 areas was either absent or too small in amount to be reported by local representatives of the Children's Bureau.

In 11 of the 14 areas operating public programs in 1936 and in 1938 the number of meals served by public agencies increased during that period; decreases occurred in 3 areas. The number of lodgings provided by public agencies increased between 1936 and 1938 in 11 of these 14 areas; decreases occurred in 2 areas; in 1 area meals but no lodgings were provided during this period.

SERVICES PROVIDED TO TRANSIENTS AND TRAVELERS BY TRAVELERS' AID SOCIETIES IN 35 URBAN AREAS, 1938

During 1938 travelers' aid societies in 35 urban areas reported monthly to the Children's Bureau as part of the project for the registration of social statistics. These and other societies affiliated with the National Association for Travelers' Aid and Transient Service constitute the most widely known private organizations for case-work service to transients and travelers.

The type of service provided by the travelers' aid society in any area and the relation of that agency to other parts of the welfare program vary from community to community. However, in 21 of these 35 areas the travelers' aid societies provided at least 85 percent of all case-work service that was provided during 1938 as part of specially organized programs (other than temporary shelter programs) for transients in each of these areas.

Case-Work Service by Travelers' Aid Societies in 35 Urban Areas, 1938

In 35 areas an average monthly number of 8,897 cases received case-work service from travelers' aid societies during 1938. These cases were accepted for service by travelers' aid societies; cases involving only information, direction, or referral are excluded from this count.[1] Travelers' aid societies in 8 areas reported that they provided case-work service in an average of fewer than 80 cases per month. On the other hand, the average exceeded 400 cases per month in 7 areas (table 1 and figure 1).

Unattached individuals rather than families or groups who were served as a unit received 75 percent or more of the case-work service given by travelers' aid societies in 24 of the 35 areas. In only 2 areas did less than 50 percent of the cases involve unattached individuals.

In some of the cases that were accepted for service relief was given as well as case-work service; in others, only case-work service.[2] In many areas a considerable portion of the relief that was provided took the form of temporary advances of cash to stranded persons and was in large part repaid. The relief granted by travelers' aid societies is insignificant in amount and should not be compared with that provided in other programs that give relief on a long-time rather than an emergency basis.

For the 35 areas as a whole relief was given by the travelers' aid societies in addition to case-work service in only 23 percent of the cases during 1938. Societies in 7 areas reported that relief was given in less than 10 percent of the cases during 1938. On the other hand, in 5 areas relief was given in 50 percent or more of the cases. In these 35 areas $74,824 was spent for relief during 1938 by travelers' aid societies. Societies in 8 areas spent less than $200 on relief during that year; those in 7 areas spent more than $5,000 (table 1).

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[1] Cases given emergency care pending further investigation are counted as cases accepted for service.

[2] As tabulated here, cases are considered as receiving relief if the relief granted has been in the form of money, goods, orders for commodities, or services, with the exception of Federal Surplus Commodities and commodities produced in connection with the Work Projects Administration.

Both the amount of money expended for relief and the number of cases in which relief was given by travelers' aid societies were greater during 1938 than at the beginning of the economic depression. In 23 of the 35 areas the amount expended for relief by travelers' aid societies was 172 percent greater in 1938 than in 1930. The average monthly number of cases in which relief was given in these 23 areas was 157 percent greater in 1938 than in 1930.

Duration of Case-Work Service by Travelers' Aid Societies in 35 Urban Areas During 1938

Service provided by travelers' aid societies is usually of short duration. Available data indicate the extent to which this was true of travelers' aid societies here under discussion.

Table 1.--Average monthly number of cases in which case-work service was given by travelers' aid societies with number in which relief was given and total relief expenditure, in 35 urban areas, 1938

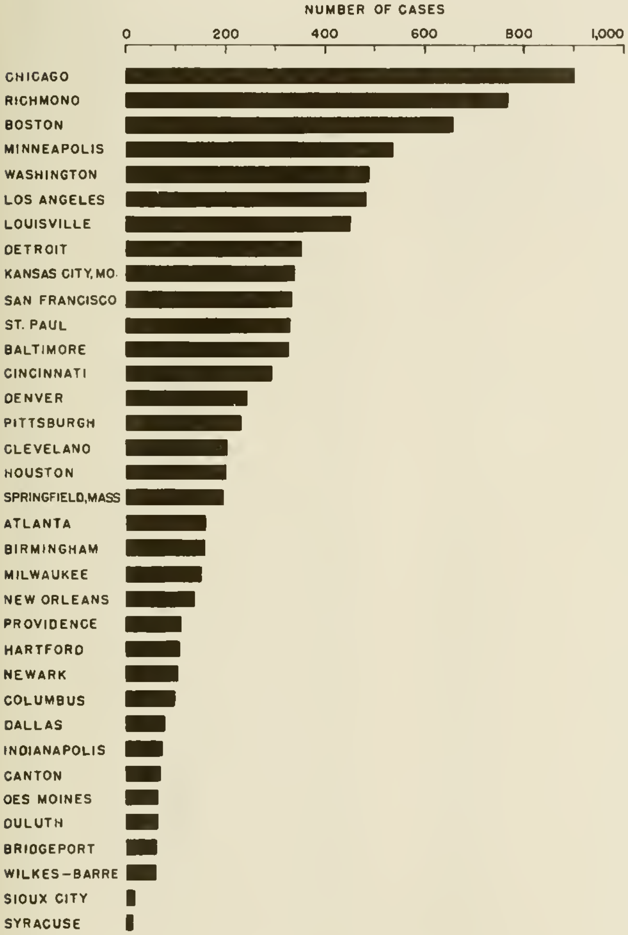
Area	Average monthly number of cases in which case-work service was given						Total relief expenditure 1938
	Total		Relief		No relief		
	Number	Percent	Number	Percent	Number	Percent	
Total, 35 areas	8,897	100	2,058	23	6,839	77	$74,824
Atlanta	159	100	61	38	98	62	2,275
Baltimore	328	100	131	40	197	60	5,844
Birmingham	157	100	23	15	134	85	1,167
Boston	657	100	145	22	512	78	5,773
Bridgeport	62	100	17	27	45	73	115
Canton	70	100	17	25	53	75	1,649
Chicago	903	100	82	9	821	91	593
Cincinnati	295	100	....	....	295	100	....
Cleveland	205	100	29	14	176	86	6,010
Columbus	101	100	36	36	65	64	1,031
Dallas	80	100	51	64	29	36	1,424
Denver	244	100	23	10	221	90	129
Des Moines	[a] 65	100	[a] 38	58	[a] 27	42	[a] 2,210
Detroit	354	100	10	3	344	97	75
Duluth	63	100	5	9	58	91	[a] 52
Hartford	112	100	47	42	65	58	[a] 201
Houston	202	100	75	37	127	63	7,043
Indianapolis	74	100	19	26	55	74	2,915
Kansas City, Mo	341	100	182	53	159	47	7,500
Los Angeles	482	100	14	3	468	97	464
Louisville	450	100	58	13	392	87	1,734
Milwaukee	149	100	24	16	125	84	869
Minneapolis	536	100	32	6	504	94	718
Newark	108	100	25	23	83	77	77
New Orleans	141	100	19	14	122	86	1,711
Pittsburgh	232	100	37	16	195	84	2,269
Providence	115	100	45	39	70	61	659
Richmond	767	100	417	54	350	46	7,257
St. Paul	331	100	24	7	307	93	265
San Francisco	333	100	75	22	258	78	1,013
Sioux City	20	100	19	93	1	7	1,352
Springfield, Mass	194	100	23	12	171	88	157
Syracuse [b]	16	100	4	26	12	74	329
Washington, D. C.	489	100	235	48	254	52	9,840
Wilkes-Barre	62	100	16	26	46	74	104

[a] Includes estimates.

[b] The Travelers' Aid Society was opened in Syracuse in June 1938.

One way of indicating duration of service is to compute the number of cases admitted to care during the month per case under care at the beginning of the month. This rate, indicating the average monthly turnover in cases, is rarely above 0.2 for emergency relief agencies. In contrast, for these travelers' aid societies the rate was 1.0 or less in only 2 areas, Los Angeles and Detroit, which reported 1.0 and 0.8, respectively. This means that the travelers aid societies in each of these areas had a practically complete turnover of case load once a month. The rate for travelers' aid societies in 23 of the 35 areas was at least 5.0.

FIG.1.—AVERAGE MONTHLY NUMBER OF CASES IN WHICH CASE-WORK SERVICE WAS GIVEN BY TRAVELERS' AID SOCIETIES IN 35 URBAN AREAS, 1938



Cases Involving Advice, Information, or Referrals in 1938 Without Acceptance for Case-Work Service

In addition to the provision of case-work service, travelers' aid societies provide information and directions to transients and travelers and in some instances refer cases to other agencies for service or relief. In some areas a large proportion of all the work performed by travelers' aid societies consists of this type of service.

During 1938 advice or information or referral was given by travelers' aid societies in these 35 areas in an average of 15,916 cases per month. In 10 of the 35 areas less than 100 cases per month were given this type of service during 1938; in 5 areas there was an average of more than 1,000 cases per month (table 2).

The number of cases involving information, direction, or referral may be added to the number in which case-work service was given as a means of observing the relative numerical importance of these two types of service during 1938. In the 35 areas 64 percent of all cases handled by the travelers' aid societies during 1938 were given information, direction, or referral and 36 percent, case-work service. In 10 areas at least 75 percent of all cases involved information, direction, or referral. In 15 areas at least 50 percent of the cases were given case-work service.

The kind and amount of service provided by the travelers' aid society are affected by the size and type of city in which the society is located, by climatic conditions in the area, by local interagency agreements that have been made for care of transients and of persons who have resided in the area only a short time, and by other factors. For example, Chicago, the largest city in the area, has the largest number of cases in which case-work service was given by travelers' aid societies, and also the largest number of cases involving information, direction, and referral.

Chicago and Washington serve as examples of the possible effects of local interagency agreements. In Chicago case-work service was supplemented by relief in only 9 percent of the cases handled by the travelers' aid society in 1938. This may be explained partly by the fact that the Transportation Service of the Chicago Relief Administration provides relief to transients in Chicago. On the other hand, the travelers' aid society in Washington, D. C., provided relief in 48 percent of the cases accepted by it for care, despite the fact that the nonresident-service division of the Board of Public Welfare also provides relief to transients. During 1938 the travelers' aid society in Washington paid for 45 percent of all the relief other than temporary shelter that was provided during 1938 as part of specially organized services for transients and travelers.

Factors affecting the amount and type of service provided by travelers' aid societies are complicated to an extent which makes it impracticable to point out general lines of variation for the 35 areas.

Table 2.--Average monthly number of cases in which case-work service or information, direction, or referral was given by travelers' aid societies in 35 urban areas, 1938

Area	Average monthly number of cases					
	Total		Case-work service		Information, direction or referral	
	Number	Percent	Number	Percent	Number	Percent
Total, 35 areas.........	24,813	100	8,897	36	15,916	64
Atlanta....................	714	100	159	22	555	78
Baltimore..................	1,289	100	328	25	961	75
Birmingham.................	448	100	157	35	291	65
Boston.....................	1,209	100	657	54	552	46
Bridgeport.................	127	100	62	49	65	51
Canton.....................	113	100	70	62	43	38
Chicago....................	3,589	100	903	25	2,686	75
Cincinnati.................	[a]520	100	295	57	[a]225	43
Cleveland..................	391	100	205	52	186	48
Columbus...................	342	100	101	30	241	70
Dallas.....................	650	100	80	12	570	88
Denver.....................	323	100	244	76	79	24
Des Moines.................	[a]366	100	[a]65	18	[a]301	82
Detroit....................	1,539	100	354	23	1,185	77
Duluth.....................	[a]100	100	63	63	[a]37	37
Hartford...................	326	100	112	34	214	66
Houston....................	236	100	202	86	34	14
Indianapolis...............	170	100	74	44	96	56
Kansas City, Mo............	2,954	100	341	12	2,613	88
Los Angeles................	529	100	482	91	47	9
Louisville.................	595	100	450	76	145	24
Milwaukee..................	306	100	149	49	157	51
Minneapolis................	1,541	100	536	35	1,005	65
Newark.....................	318	100	108	34	210	66
New Orleans................	203	100	141	69	62	31
Pittsburgh.................	452	100	232	51	220	49
Providence.................	292	100	115	39	177	61
Richmond...................	1,073	100	767	71	306	29
St. Paul...................	331	100	331	100	....	....
San Francisco..............	789	100	333	42	456	58
Sioux City.................	218	100	20	9	198	91
Springfield, Mass..........	296	100	194	66	102	34
Syracuse[b]................	32	100	16	50	16	50
Washington, D. C...........	2,068	100	489	24	1,579	76
Wilkes-Barre...............	364	100	62	17	302	83

[a] Estimates included.

[b] The Travelers' Aid Society was opened in Syracuse in June 1938.

UNITED STATES DEPARTMENT OF LABOR
FRANCES PERKINS
SECRETARY

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CHILDREN'S BUREAU
KATHARINE F LENROOT, CHIEF

Published under authority of Public Resolution No. 57, approved May 11, 1922 (42 Stat 541), as amended by section 307 Public Act 212, approved June 30, 1932 (47 Stat. 409). This publication approved by the Director, Bureau of the Budget, May 12, 1936.

U. S. GOVERNMENT PRINTING OFFICE : 1940—0-224560

THE CHILD

Monthly News Summary

Volume 4, Number 10

April 1940

PAN AMERICA AND ITS CHILDREN

CHILDREN'S BUREAU
U.S. DEPARTMENT OF LABOR — WASHINGTON, D.C.

THE CHILD

MONTHLY NEWS SUMMARY

Volume 4, Number 10 April 1940

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• PAN AMERICA AND ITS CHILDREN •

The Pan American Union and Child Welfare in the Americas

By L. S. Rowe

Director General, Pan American Union

One of the most vital problems confronting any nation at any time is the preservation of its children and its youth. The nations of the Americas, which during recent years have been drawing ever closer together in the formulation of policies of continental cooperation and solidarity, have found in child welfare a fertile field for mutual interchange of experience and ideas. All the Republics of the Western Hemisphere are facing serious problems in the matter of the health, protection, education, and general welfare of their infants, children, and young people, and all of them clearly perceive the necessity of seeking the best and most practicable solutions to these urgent problems.

A good many years have passed since the idea of closer cooperation and exchange of thought and points of view among the American Republics on the tremendously significant subject of child welfare first began to take concrete form. The First Pan American Child Congress, which met at Buenos Aires in 1916 during the centennial year of Argentine independence, had its inception in the minds of certain socially minded citizens of Argentina. The response to the invitations to that initial movement toward inter-American cooperation in so momentous a phase of national and international life demonstrated the keen interest and desire of all the American nations to consult and confer in that important work.

During the quarter of a century which has elapsed since that First Pan American Child Congress met six more such congresses have assembled in various Latin American Republics, to which a majority of the countries, members of the Pan American Union, have sent delegates. These have included leaders in public health and social work, like Katharine F. Lenroot, Chief of the Children's Bureau, physicians, lawyers, and educators, and have represented the most advanced and broad-minded thought and activity in the child-welfare work of their respective countries.

The successive congresses have deliberated upon a broadening scope of subject material, and numerous papers have been presented touching upon medicine (particularly pediatrics), public health, education, sociology, psychology, legislation, and related topics. The discussions which followed the reading of these papers and the resolutions adopted by the congresses have marked definite steps along the road leading toward the development of true American ideals for the welfare of the children of this continent.

This great movement toward concerted inter-American action in child-welfare work has been accorded the whole-hearted support of the Pan American Union. In its role as a clearing house of inter-American cooperation and good will the Pan American Union has disseminated among the nations of this hemisphere current and pertinent information concerning child-welfare activities in the Americas.

Through the medium of the monthly *Bulletin of the Pan American Union*, printed in English, Spanish, and Portuguese. the Union has published full acounts of the programs, deliberations, and results of the seven Pan American Child Congresses. Frequently special items on maternal and child health, infant mortality, children's homes and institutions, day nurseries and nursery schools, child-study and research centers, education, juvenile courts, and kindred subjects have appeared in the *Bulletin* and, as a result of its wide distribution throughout the United States and Latin America, have thus been made available to libraries, schools, research organizations, students, child-welfare workers, and the general reading public. A careful effort is made to keep constantly abreast of social legislation in the American republics, and legislative action pertaining to any aspect of child welfare is summarized for the benefit of readers of the *Bulletin*.

In addition to the material mentioned the Pan American Union over a period of 10 years (1925–34, inclusive) published in both Spanish and Portuguese a series of booklets on public health and social welfare, in which the problems of child welfare were given due attention. In the thirty-odd booklets which related especially to that subject every variety of topic was included, running the gamut from studies on prenatal care, infant mortality, and the problems of illegitimacy to matters such as nurses in rural schools, children's homes, reformatories, and the delinquency of minors. The authors of the booklets included eminent men and women of the United States and Latin America, all of whom rank as experts in their respective fields and whose works may be regarded as both scholarly and authoritative.

It is evident, therefore, that the Pan American Union has been for many years and is continuing to be an active agent in the publication and distribution of research studies and current information on child-welfare problems and activities throughout the Americas.

Because of the increasing significance of labor and social-welfare problems in general, as viewed from the standpoint of inter-American relationships, a new Division of Labor and Social Information was recently established in the Pan American Union, which is to serve as a center of information on all such matters in the American Republics. Child welfare, of course, comes within the compass of activity of this new division, and it is anticipated that in the future the Pan American Union will be able to offer an even broader and more comprehensive service to its member countries and to all who come to it for information concerning work, legislation, and progress in the welfare of the children of the American continent.

Progress in Pan American Child–Welfare Work

By Katharine F. Lenroot
Chief, U. S. Children's Bureau

The history of organized Pan American work for the improvement of the health and welfare of children covers a period of nearly a quarter of a century. The First Pan American Child Congress was held in Buenos Aires in 1916, and the International American Institute for the Protection of Childhood was established in Montevideo, Uruguay, in 1927. The Institute was organized in accordance with plans drawn up by the Pan American Child Congresses, because of the realization that a continuing inter-American agency for promoting the interests of children was vitally needed.

The First Pan American Child Congress was held in the period of the pioneer in public child-welfare services. The United States Children's Bureau was only 4 years old. Its first Chief, Julia C. Lathrop, took a keen and active interest in the preparation for the Congress and in its deliberations. Specialized training for social work or for public health was then unknown in most American countries and was in its infancy in the remainder.

Travel between the continents of North America and South America was extremely limited, and the traveler in Latin American countries encountered many difficulties. The Panama Canal had been open for only 1 year. Airplane lines had not been developed; automobiles were still few and expensive. Good roads outside the areas immediately surrounding the large cities were almost unknown in many countries, and in no country had they been developed to anything like their present extent.

In the field of health the birth or death of a baby as a rule was not regarded as the concern of anyone outside the immediate family. In many American countries, and in large parts of all these countries, the child victims of social conditions producing problems such as desertion, neglect, orphanage, cruelty, delinquency either went uncared for or received the protection of asylums and orphanages conducted for the most part on the basis of century-old principles of administration.

In certain of the American countries there had been a period of 20 or 30 years which might be characterized as a period of social discovery, when the conscience of the citizen was troubled and he was impelled to remedial action to correct the conditions which were being revealed by social surveys and by the experience of the pioneer social and health workers. Legislation was being enacted in the United States providing for juvenile courts, mothers' pensions, regulation of child labor, children's codes, and other methods of legal and social protection. In some of the Latin American countries, likewise, there was interest in experience in Europe and in this hemisphere leading to more adequate recognition of the responsibility of society for the protection and development of its future citizens.

Gains Made Since the First Pan American Child Congress

The gains that have been made since 1916 undoubtedly constitute a great tribute to the effectiveness, stimulation, and inspiration of the Pan American Child Congresses. The influence of these congresses has been reinforced by world-wide movements, such as the work of the Advisory Committee on Social Questions of the League of Nations and of many international organizations and associations, and by the spread of ideas and experience through informal groups and individuals.

Adoption of international declarations of the rights of childhood, such as the Declaration of Geneva of 1923, was followed by national declarations and by the enactment of children's codes or of provisions in national constitutions, or both, expressing the duty of the State toward children, and prescribing various child-welfare measures. Among the countries enacting children's codes or incorporating special child-welfare provisions in their constitutions were Bolivia, Brazil, Costa Rica, Cuba, Ecuador, El Salvador, Honduras, Nicaragua, Peru, Uruguay, and Venezuela. Legislation establishing national official agencies for the coordination of child welfare and the administration of child-welfare services has been adopted in recent years in many countries, including Argentina, Bolivia, Brazil, Colombia, Costa Rica, Ecuador, Mexico, Nicaragua, Peru, Uruguay, and Venezuela. Plans for such legislation are being made in other countries.

Of vital importance to child-welfare work is the social-insurance legislation which has been adopted in many Latin American countries and in the United States. Social-insurance laws have been in existence in Chile since 1924, in Ecuador since 1935, and in Peru since 1936. In Bolivia the Labor Code of 1939 provides for the introduction of social insurance; and bills have been introduced in several other countries. Maternity insurance, in the absence of general social insurance, for women employed in industrial and commercial establishments, was introduced in Argentina and Cuba by laws of 1934, which became operative about 2 years later. Health work for mothers and children is carried on more or less extensively in all American countries, though frequently little is done outside the large cities. Several countries, including Argentina, Brazil, and Uruguay, have established national nutrition services. Low-priced restaurants, which include in their activities nutrition education, are operated by public authorities in the capital and other cities in Chile, Mexico, Peru, and Uruguay.

Administration of school-attendance and child-labor laws has been strengthened by recent legislation in several countries, including Argentina, Brazil, Ecuador, Mexico, and Uruguay, or in certain States or Provinces of these countries. Adoption laws have been liberalized in a number of countries. Juvenile courts have been established. Legislation for the protection of the illegitimate child has been enacted.

National conferences on child welfare have been held in a number of countries. Schools for training public-health workers and social workers have been established.

It is evident that the American Republics are more actively concerned than ever before with the development of sound programs of public health and social welfare, with special emphasis on the mother and child. To these developments great contributions have been made not only by the Pan American Child Congresses and the International American Institute for the Protection of Childhood, but also by the Pan American Sanitary Conferences, the Pan American Red Cross Conferences, and the efforts of many private organizations and individuals. The number of visitors to the United States from Latin American countries has increased markedly in the past few years, and people from the United States increasingly are visiting Central and South America.

FUTURE DEVELOPMENT OF INTER-AMERICAN SERVICES

It is clear that the time has arrived for more extensive and better coordinated services to promote the exchange of information concerning the best methods of promoting the health and welfare of the children of the Americas. At least five types of services are needed. These are: (1) the training of technical personnel for health and social services; (2) the preparation of popular literature for mothers on child care and training and of technical material on child health and child welfare for students, administrators, and case workers; (3) the development of continuous exchange of information concerning legislation and administrative developments; (4) field studies made according to uniform plans in more than one country to establish a broad basis of factual material for development of national programs and for cooperative action in dealing with problems that transcend national boundaries; (5) consultation and advisory service concerning the organization and administration of programs of child health and child protection. Planning is also needed for the organization and work of child congresses and for carrying out mandates of these congresses.

Training of personnel.—The present situation offers clear indication of the need for inter-American planning and development for the training of personnel. Training schools for public health and social work exist as yet in only a few American countries. The first school of social work in a Latin American country was established in Chile in 1925, and there are now schools and courses in Argentina, Brazil, Colombia, Mexico, Peru, Uruguay, and certain other countries. Puerto Rico for a number of years has encouraged students to come to continental United States for technical training and has also provided courses in social work in the University of Puerto Rico. Puerto Rican workers are now in demand in other countries. Panama is an example of a country which has developed an excellent training school for nurses. Graduates of this school are in demand in neighboring countries. It will not be possible for every country to develop in the near future either a training school for public-health work or a school of social work. It might be possible, however, to develop cooperative plans on a regional basis.

Publications.—There is every reason for the Spanish-speaking countries to cooperate in the development of translation and publication service. For regions with like conditions modifications of standard literature could be made to meet local needs. Material for visual instruction, such as motion pictures, could be developed in the same way. The *Bulletin of the International American Institute for the Protection of Childhood* makes available technical material for students, administrators, and workers, and the Pan American Union publishes booklets, articles, and notes on various phases of child welfare. Popular material for parents and additional technical material are urgently needed.

Legislation.—A considerable amount of information with reference to legislation is now made available through the *Bulletin of the Pan American Union* and the *Bulletin of the*

International American Institute, and also through the Social Questions Section of the League of Nations and the International Labor Office. Valuable comparative studies have been made with respect to certain subjects, for example, the study of juvenile courts in European and American countries by Dr. Carlos de Arenaza of Argentina.

Field studies.—Recognition of the need for inter-American studies has been expressed in the enthusiastic cooperation afforded the Health Organization of the League of Nations, some years ago, in its studies of infant mortality in South American countries, and the proposal adopted last year by the International American Institute for the Protection of Childhood to extend its action through offering to two countries service in making a study of some problems, such as infant mortality, in collaboration with the health authorities of each country. Comparative studies of methods of training social and health workers, administration of maternal and child health and welfare services, development of foster-home care of dependent children, care of delinquent children, and other subjects would be most helpful and should be carried on in full recognition of similar services afforded by the Social Questions Section of the League of Nations and without duplicating such services.

Organization and administration of child-health and child-welfare programs.—Advisory and consultation service to countries newly undertaking child-health and child-welfare programs by representatives of countries where they have been well established would be most helpful. Opportunities might be extended for visits of responsible administrators to countries where the work has been developed over a considerable period. Such opportunities are now available to a limited extent and on an informal basis, but provision for extension of this type of service is urgently needed.

The International American Institute

Most of the services that have been outlined were envisioned by the persons who first proposed the establishment of the International American Institute for the Protection of Childhood, at the Second Pan American Child Congress in 1919. The functions of the Institute are described more specifically in section 3 of its constitution, as follows:

(*a*) To collect regularly publications, documents, laws, decrees, and other material on the care and protection of the mother and child; (*b*) to make inquiries among public and private institutions and competent individuals and to publish the information obtained; (*c*) to reply to inquiries received from public authorities, institutions, or individuals in America on problems of child welfare on which the Institute would have sufficient information; (*d*) to do publicity work on child welfare; (*e*) to promote the meeting of the Pan American Child Congresses at regular intervals and to publish the discussions and conclusions of these congresses, the reports presented, and other material; (*f*) to establish a public library with the publications received; (*g*) to publish quarterly, at least, a magazine which will be called *Bulletin of the International American Institute for the Protection of Childhood.*

At each Pan American Child Congress held since the establishment of the Institute its work has been commended, and the fifth and seventh congresses urged governments not yet members of the Institute to become affiliated with it. Specific tasks were entrusted to it by the sixth and seventh congresses. On the whole, however, the Institute has had only a slight relationship to the work of the Pan American Child Congresses. Entire responsibility for organizing each congress and for deciding on the date and program rests with the country entertaining the congress, operating through an organizing committee composed entirely of nationals of the country, appointed by the government. Cooperating committees set up in other countries have only advisory functions, except with reference to the participation of their own governments and private organizations.

Since its creation it has functioned under distinguished leadership. Its directors, the late Dr. Luis Morquío, succeeded in 1935 by Dr. Roberto Berro, have been experienced and distinguished students, administrators, and leaders. The president of the council, Dr. Gregorio

Aráoz Alfaro of Argentina, is one of the leading physicians and public-health administrators of the Western Hemisphere. Other outstanding authorities serve the Institute as officers or members of the council and members of the staff.

The Institute has operated under financial difficulties because of the failure of a number of American governments to become members or to pay their annual membership quotas. Even should all countries adhere and pay their full annual contributions the budget would still be extremely limited in view of the extent of territory and the breadth of subject matter which the Institute is designed to cover. It has been impossible to provide technical leadership for the major fields of study and consultation service, or travel expenses for staff members who should be able to visit the various countries, learn at first hand the developments that are taking place, and influence these developments through the breadth and richness of their own experience.

A general resolution relating to the work of the Pan American Child Congresses was adopted at the Seventh International Conference of American States, meeting in Montevideo in 1933. The resolution deplored the limitations placed by the meagerness of the resources of the Institute upon the scope of its work, expressed great confidence in the medical and educational work conducted by the Institute, and recommended that as soon as practicable the scope of work of the Institute be widened to include a division of social service. The conference recommended that when practicable the Institute add to the services now rendered that of supplying, at the request of the member countries, consultation and advice, especially with reference to the organization and administration of public institutions and agencies intended to care for and treat the dependent child, the delinquent child, and the child of exceptional or of deficient mentality.

OTHER INTERNATIONAL ORGANIZATIONS

The Eighth International Conference of American States, in session in Lima in December 1938, recognized the importance of developing more adequate inter-American facilities for the promotion of social welfare and child welfare. Resolution 83 of the final act of the conference is as follows:

> Whereas the excellent programs of social and child welfare of the different countries could be stimulated greatly by the establishment of a central informative and coordinating agency serving the institutions, organizations, and individuals devoting themselves to such activities in the Americas, the Eighth International Conference of American States recommends:
>
> That the Governing Board of the Pan American Union study the feasibility of creating a social and child-welfare information center to promote and develop scientific social-welfare programs, encourage cooperation between the social-service schools of the various American countries, and assist in the organization of Pan American social conferences or congresses.

Another resolution, No. 105, recommends to the Governing Board of the Pan American Union that, in determining procedure to be followed in order to make effective the resolutions of the International Conference of American States, "it avail itself of the cooperation of those organizations which may aid in giving effect to the afore-mentioned purposes."

A Division of Labor and Social Information was established in the Pan American Union on January 1, 1940.

The Pan American Sanitary Bureau, with headquarters in Washington, has given generous cooperation to United States committees and delegations participating in the work of the Pan American Child Congresses. The Bureau, and the Pan American Sanitary Conferences organized by the Bureau, have given great impetus to the development of public-health work in Latin America, which owes much to assistance given over a long period by the United States Public Health Service.

It is apparent that the resources now available through international and inter-American organizations and the possibility of coordinating and expanding these resources should receive very careful study. Provision should be made through both governmental and private action in the various countries for strengthening inter-American activities directed toward improvement in the opportunities for health, education, and social protection afforded the children of every American Nation.

The Work of the Pan American Sanitary Bureau in Relation to Child Welfare

By Hugh S. Cumming
Surgeon General, United States Public Health Service (Retired)
Director, Pan American Sanitary Bureau

Before taking up specifically the subject matter of this paper, it may not be amiss to state the scope, duties, activities, and accomplishments of the organization of which I have been director since 1920.

The Pan American Sanitary Bureau is the oldest of the great international health bodies, having come into existence several years before the International Office of Public Hygiene of Paris and two decades before the Health Section of the League of Nations. Let me here invite attention to the fact that, while the two organizations named have performed work of the highest value, neither of them has been able to enlist in its membership all the countries included in its field of activities. On the contrary the Pan American Sanitary Bureau is actively supported by all the American Republics, and all of them share in its work and achievements. Perhaps the best evidence of its effectiveness is the increase in its maintenance funds approved in various Pan American Sanitary Conferences and especially at the seventh (1924) and the tenth (1938).

An independent official public-health organization, the Bureau was created by the Second International American Conference (1901–2), organized by the First Pan American Sanitary Conference (1902), and reorganized by the sixth (1920) and successive conferences. It is governed by a directing council elected, together with the director, at each Pan American Sanitary Conference and supported by annual quotas contributed pro rata by all the American Republics. On this council all the Republics are represented in rotation.

For nearly two decades the Bureau itself was more or less a paper organization, showing but few signs of life between conferences. I might perhaps be excused for indulging in a modicum of personal gratification at the thought that the most active and useful period in the life of the Pan American Sanitary Bureau began after the sixth conference, when the powers and scope of the Bureau were enlarged coincident with an increase in appropriations, and a closer cooperation was established among all the American Republics following the European war, at which time (1920) I was elected director. The usefulness of the Bureau became even more marked after 1928.

Under the provisions of the Pan American Sanitary Code (1924), the Bureau has gradually become the center of coordination and information in the field of public health for all the American Republics. It also acts as a consulting body at the request of national health authorities, carries on epidemiological and scientific studies, and publishes a monthly bulletin, with a circulation of more than 9,000, as well as other educational and informative material.

The original *raison d'être* of the Bureau was standardization of quarantine procedure. This was to be expected at a time when memories of the last epidemic of cholera were still fresh in the minds of the people; when yellow fever still ravaged periodically both the countries south of the Rio Grande and our own Southern States; when plague had just been introduced in the Western Hemisphere; when the benefits of smallpox vaccination still failed to reach hundreds of thousands; and when the cause of typhus fever remained unknown.

As each of these scourges was gradually brought under control, as public-health organization began to get better rooted and expanded from mere defense against epidemics to actual and constant prevention work, demands were made to furnish advice on many different subjects, all of them resulting from the development and growth of health activities throughout Latin America which, in its turn, the Bureau was also helping to expand and organize on a solid basis. Article 56 of the Pan American Sanitary Code grants full powers in this direction. While primarily interested in the prevention of the international spread of communicable diseases, the Bureau must also naturally concern itself with the maintenance and improvement of the health of the people of the 21 American Republics.

Problems such as infant mortality and child welfare could not fail to receive attention and led health authorities and physicians in Latin America as elsewhere to an earnest and careful consideration of the various factors involved. Much of this development must be traced to the example furnished by the United States. The movement which began with the creation of a child-hygiene bureau in the New York City Department of Health, the White House Conference of 1909, and the organization of the Federal Children's Bureau in 1912 was followed everywhere with interest and approval. A share in this accomplishment also belongs to the Pan American Child Congresses, which had their inception in 1916 and have been held since in various capital cities in Latin America.

An awakened interest in maternal and child welfare was also reflected in resolutions adopted in all the Pan American Sanitary Conferences held since 1920, as a few references will show:

The sixth conference (1920) recommended compulsory teaching of hygiene and disease prevention in schools, preferably through objective methods.

The seventh conference (1924) emphasized the same point of school education and protection of childhood.

The eighth conference (1927) urged all governments to give special attention to school hygiene.

The ninth conference (1934) recommended early reporting of pregnancy; intensification of the campaign against infant mortality, especially in rural districts; organization of parents' associations to coordinate public and private action for the benefit of children of preschool age; better coordination of school hygiene work with other welfare services so that there should be no lapse in measures aiming to safeguard children at various ages; and, finally, improvement of school medical services.

The tenth conference (1938) commended the governments that had already enacted laws on maternal welfare and reemphasized the need for compulsory reporting of pregnancy and adequate training and supervision of midwives, especially in rural districts.

The Pan American Conferences of National Directors of Health have also shown their interest in this vital problem. The first (1926) recommended intensification in all countries of child-welfare campaigns from the triple aspect of environment, eugenics, and homiculture, as well as carrying on studies of infant morbidity and mortality. The second (1931) stressed the importance of adequate protection of mothers and children in sparsely settled regions and the establishment of properly organized and maintained divisions of child and maternal hygiene in all countries. The third (1936) advised the extension of free maternity centers, more attention to infant feeding, supervision of wet nurses, and the establishment of breast-milk stations.

The Pan American Sanitary Bureau has not failed to act in accordance with the express or implied instructions contained in these resolutions. Definite evidence to this effect may be found in the following activities:

Cooperation with national and local health authorities.

Periodic publication in its *Bulletin* of reviews and surveys of advances in the maternal and child-welfare fields. (See, for instance, the issues for June 1939 and April 1940.)

Reply to inquiries such as these, which embrace only part of those handled last year: Premarital examinations, regulations for children's hospitals, birth control, vaccination against diphtheria, sex education, school ventilation, eugenic sterilization, eugenic institutions, child-health traveling units, accounts of child-welfare work in different countries, organization of breast-milk centers, equipment for lying-in hospitals.

Publication of papers in the *Bulletin*, including in recent months these subjects: A plan for protection of the health of mothers and children, model certificates for registration of birth and fetal deaths, tuberculosis and pregnancy, preventoria for lepers' children, health education for children, medical care of preschool children, hygiene of school buildings, dental hygiene in schools.

The following reprints, which include only papers of a decidedly general nature, and which are available for distribution in Spanish, give an idea of the ground covered: Prenatal hygiene; infant hygiene; rules for child hygiene; preschool hygiene; rights of children, including charters put forward in different countries; natality and infant and maternal mortality in the Americas; childhood type of tuberculosis; children's health (review of proceedings of the White House Conference in 1930); care of the mother; compulsory reporting of pregnancy; community preschool health measures; immunization of the newborn with BCG; school ventilation; infant mortality in El Salvador; child-hygiene centers; diagnosis of poliomyelitis; model death, live-birth, and stillbirth certificates.

Periodic compilations and analyses have also been made for the first time of statistics on natality, infant mortality, stillbirths, and maternal mortality for all the American Republics. (See Publications 30, 107, and 142.) Similar studies have been made of children's diseases, such as diphtheria, measles, poliomyelitis, and so forth.

Finally, a review of child-welfare work and institutions in the Americas was published in March 1936 (see Publication 107) and brought to date in one of the reports to the Tenth Pan American Sanitary Conference.

This account has merely touched salient points dealing specifically with child welfare. The Bureau is constantly doing work and publishing material on subjects which are closely related, such as milk, nutrition, venereal disease, and so forth. In fact, all its manifold activities bear more or less directly on maternal and child welfare. There is hardly any basic health work—in water supplies, sewage disposal, disease prevention — accomplished anywhere which can fail to influence infant morbidity and mortality for the better.

The most telling as well as permanent contribution which the Pan American Sanitary Bureau has made and is making toward safeguarding the health of mothers and children consists in its effort to cooperate in developing in all parts of America an effective health organization fully equipped to offer to the entire community, including, of course, in the first place, mothers and children, the protection which is essential for an orderly existence and harmonious development of society as a whole.

International American Institute for the Protection of Childhood[1]

By Roberto Berro

Director of the Institute, Montevideo, Uruguay

Among the important proposals made at the Pan American Child Congress held in Montevideo in 1919 was one by Dr. Luis Morquío, approved unanimously, for the establishment and maintenance by the various countries of America of a center for the investigation, study, and coordination of all child-welfare problems, so that the activities of any country might be known and understood in all the sister Republics of the Western Hemisphere. Subsequent congresses, held in Rio de Janeiro, Brazil, and Santiago, Chile, passed similar resolutions, and the International American Institute for the Protection of Childhood was established in Montevideo in June 1927 under the direction of Dr. Morquío, with the aid of the Government of Uruguay, which, in acknowledgment of the honor of being host to the Institute, offered the money necessary for its establishment.

Since then the *Bulletin of the International American Institute for the Protection of Childhood* has appeared quarterly without interruption. The 52 numbers that appeared from July 1927 to April 1940 contained 10,000 pages. The *Bulletin* has published articles by pediatricians, educators, sociologists, jurists, and other persons in Pan America who are keenly interested in child welfare. The child-welfare movement has been gradually increasing in importance until it has become a matter of social concern affecting the future of the States. Authoritative commentators have treated special subjects relating to child welfare in general articles containing information on the particular subject in the entire continent. The interest in this publication, the most important and complete of its kind in the world, has been increasing, and requests are received constantly from American students who are interested in receiving it regularly and acquiring the back numbers.

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[1] Translated from the Spanish.

After the death in 1935 of Professor Morquío the undersigned was appointed as his successor by the International Council on the suggestion of its president and delegate from Argentina, Professor Gregorio Aráoz Alfaro. I have concentrated all my efforts on the continuation and the greatest possible improvement of this important publication; in this work I have had the cooperation, as chief of the Institute, of Professor Emilio Fournié, who had been helpful to Professor Morquío from the first.

The importance of the general articles on certain subjects concerning all American Republics, which every day become closer to one another, has been recognized; and now we are planning to publish in each number of the *Bulletin* an article in which some subject of general interest is discussed in the light of the differences of climate, environment, and the various social and economic organizations of the 21 countries comprising the Pan American Union.

In accordance with this proposal, Dr. Alfaro, president of the International Council since the day of the establishment of the Institute, suggested that we offer to some of the sister countries the collaboration of the Institute for the study of local child-welfare problems by sending at our expense a specialist who would collaborate with the public-health authorities in making the study. In May and June Dr. Aráoz Alfaro and Dr. Velasco Blanco will spend some time in the capital of Bolivia by arrangement with the authorities of that country. The director of the Institute may visit the city of Asunción, capital of Paraguay. In this practical manner we will bring about closer inter-American relations, and the Institute will show the growing importance of its disinterested activities on behalf of the American child.

The Institute has been taking part in the work of the Pan American Child Congresses by offering its cooperation to the organizing committees, both in the preparation of the programs and in keeping the member countries informed of developments. The *Bulletin* gives preference to papers prepared for these international gatherings, which have so effectively collaborated in the solution of child-welfare problems. In 1939 the Eighth Pan Amercian Child Congress, which was to have been held in Costa Rica, was postponed because of the European war, which has affected communication and caused other difficulties, even in the American countries; but we have been publishing all the reports from Uruguay and Chile and some—those which have been sent to us—from Brazil, the United States, and Argentina. The July number of the *Bulletin* will contain the papers by Colombian writers.

In order to promote circulation of the *Bulletin* among nonsubscribers, we are sending to various official, scientific, and private organizations and to distinguished individuals in all the American countries about 2,000 copies of each issue. A certain number of copies are sent to scientific organizations in Europe, so that Europe may understand the constant efforts made in the New World for the improvement of the situation of American children and for assuring their physical, cultural, and moral welfare.

The International American Institute for the Protection of Childhood has organized at its headquarters a library open to the public, containing a very complete collection of American works in Spanish, English, and Portuguese on child welfare—that is, questions of a social, educational, medical, or legal nature. The library is very much in demand by students, particularly at the time of examinations. It contains a careful catalog of books, pamphlets, periodicals, and articles, American and European, on subjects directly or indirectly relating to the child. This catalog, highly commended by the very competent organizers of the recent exposition of North American books in Uruguay, among others, enables us to reply with great precision to inquiries from various localities. These inquiries refer to sources of material on subjects which the authors wanted to treat; also, on various occasions we have furnished copies of articles which the writers would have had difficulty in obtaining elsewhere. The inquiries referred to a variety of subjects, in some cases to purely scientific subjects on which little is known. For instance, with the material sent by us one author was able to prepare an original monograph on a very rare pathological condition on which almost nothing had been published before. We mention this example because of the satisfaction we derive from being able to serve American students and in this way to fulfill the purpose of our Institute.

The number of items in our library, all dealing with child welfare, is at present 10,595; the average number of books received is 103 a month; 402 periodicals are received in exchange; and many thousands of articles have been cataloged and classified. All this material is at the disposal of anyone from any of the sister Republics.

In order to be able to continue the fulfillment of all the purposes of the Institute and constantly to increase our service we ask only that all the American countries give us their moral and material support. We regret very much that some countries have not yet officially joined the Institute, which, nevertheless, in its scientific relations treats these countries just as if they were members. We also regret that some of the members have been unable for various reasons to contribute the modest sum required of them in order to make possible the continuation of the Institute and the publication of the important *Bulletin.* At present the following countries have officially joined the Institute: Argentina, Bolivia, Brazil, Costa Rica, Cuba, Chile, Ecuador, the United States of America, Mexico, Paraguay, Peru, Uruguay, and Venezuela.

Cultural Interchange Among Children of the Americas

By Charles A. Thomson

Division of Cultural Relations, U. S. Department of State

Who can visualize with any certainty the world of 20 years hence—the world which the child of today must face upon arriving at maturity? Yet on our shoulders rests the responsibility for preparing our children to meet that world, even though our efforts at best may be groping and uncertain.

Perhaps the richest endowment we can give that child, the finest equipment for effective living in his world of tomorrow, is a wide and deep understanding of his fellow men. The child of today need not postpone the start of his international education until he becomes an adult. He can begin at once to develop a friendly acquaintance with the youthful citizens of other lands. It is the desire of the Department of State through its program of cultural relations to assist this process in all appropriate ways.

For the children of the United States the aid of the Department is more often perhaps indirect than direct. In the same mail with a despatch from an ambassador extraordinary and plenipotentiary the Department receives a post card from a child asking for a correspondent in a foreign country with whom to establish a friendship. The Department promptly transmits the child's request to the Junior Red Cross or to another appropriate agency in the certainty that there it will receive the attention of interested and experienced persons.

This action is taken in accordance with the Department's policy to make of the Division of Cultural Relations a correlating agency and a clearing house for individuals and organizations, public and private associations concerned with international activities of a cultural character. The Department thus seeks to put at the disposal of private initiative the good offices of government. The purpose is not to supplant that initiative in any degree but to render its endeavors more effective by placing at its service an office within government which had previously been lacking.

The Department in its program of cultural interchange endeavors to serve the children of the United States in their constant demand for specific information about other peoples. They, and their teachers writing on their behalf, want to know what books to read, what organizations to effect, what instructive entertainment to give, where to obtain photographs of other countries, in order to widen their knowledge of other lands, other customs, and other cultures. Again acting in its capacity as a clearing center, the Department refers such inquiries to organizations like the Pan American Union, the American Library Association, the International Film Center, and to those numerous cultural institutes abroad which represent the corresponding desire of other nations to know more about the United States.

In the other American Republics the custom prevails somewhat generally of naming public schools in honor of neighboring countries. In those other Republics there are more than 20 grade and normal schools and libraries named for the United States; for Presidents Washington, Lincoln, Hayes, and Roosevelt; and for distinguished educators, such as Mary O. Graham and Clara J. Armstrong (Argentina), Alexis E. Frye (Cuba), and Horace Mann (Cuba, Guatemala, Mexico). Children of certain of these schools want American flags to hang upon their schoolroom walls and to honor in their annual celebration of the Fourth of July. The Congress has voted the Department a small appropriation out of which flags are being provided for presentation to these school children, who consider themselves to be special custodians of our colors.

They ask, too, for suitable pictures to decorate their schoolrooms, and the Department endeavors to provide them. The United States Constitution Sesquicentennial Commission has furnished handsome reproductions of the Stuart portrait of Washington which, framed, will make an appropriate gift, especially to those schools in Cuba, Ecuador, and Mexico named for the first President.

For display before other countries' citizens of tomorrow in their schools this Government lends, at their request, informative educational motion pictures made, for example, on scientific subjects by the Department of Agriculture and on the beautiful scenery of our National Parks by the Department of the Interior. In exchange, it welcomes similar pictures from other countries for showing in the schools of the United States. Private enterprise cooperates in providing prints and sometimes in editing them especially for school use, as has been done by the American Film Center, a nonprofit organization supported by the Rockefeller Foundation. The International Film Center, another nonprofit, cultural organization similarly supported, is at present distributing short editions of selected Department of Agriculture motion pictures prepared especially for school use abroad.

In fine, the Department of State is endeavoring to carry into action the thought which lies behind words spoken recently by Secretary Cordell Hull: "The relations among nations must not rest merely on contacts between diplomat and diplomat, political leader and political leader, or even between businessman and businessman. They must rest also on contacts between teacher and teacher, between student and student * * *." Even, it may be added, upon contacts among the youngest students in the grade schools, who are to become tomorrow's teachers, businessmen, political leaders, and diplomats.

New Legislation Affecting Education and Child Health in Mexico

By Anna Kalet Smith
Associate in Foreign Research, U. S. Children's Bureau

School attendance and school-health work in Mexico have been regulated until recently by the municipalities, or the States, or the Federal District, with a consequent variety of methods and procedure.

The Federal Constitution of 1917 placed on Mexican parents the duty of sending their children under 15 to school and announced that primary education was to be free in public schools. But, in the decade that followed, these principles found practical application in only a few localities. Among these is the Federal District, which includes Mexico City, where school attendance is compulsory and a progressive system of school health and welfare work has been developed in recent years. The 1937–38 report of the Department of Public Education, which covers the Federal District and also the territories, includes, in addition to school attendance, the physical and mental examination of school children, mental-hygiene work, special education of mental defectives, care of malnourished and crippled children, and measures for the prevention of communicable diseases, particularly tuberculosis. Medical treatment and attendance by visiting nurses are given to ill children. Economic aid is provided in cases of tuberculosis, and parents' associations are cooperating with the teachers and physicians in this work. But this program of the Federal District is considered far superior to that of any other part of the country.

The diversity of legislation and procedure in the various parts of Mexico created a demand for a uniform Federal education law which would also take into consideration the physical and mental welfare of children. With this end in view the Constitution was amended in 1934. In this amendment, which placed more emphasis on compulsory school attendance than did the Constitution of 1917, the statement was made that "primary education shall be compulsory." It also directed Congress to enact laws for the unification and coordination of education in the entire country. Such a law, passed on December 30, 1939, went into effect on February 3, 1940.

This law, applying to the entire country, imposes on the National, State, and local Governments the duty of providing free education in all grades and types of schools, including preschool and vocational education. School attendance is required to the age of 15 years. Parents sending their children to school regularly will receive special facilities for obtaining loans from rural credit banks and other privileges; aid, including food and clothing, will be provided when poverty would otherwise prevent a child from attending school.

Preschool education is to be a part of the educational system and is to be given in day nurseries, kindergartens, and similar institutions. In all grades measures are to be taken for the preservation and improvement of the children's health and physical strength. A minimum of 2 years of vocational education will be provided at the end of the 6-year primary-school course. The program includes schools for physical and mental defectives.

The organization and direction of mutual-welfare clubs for children, young persons, and women, as well as cooperation with existing clubs, will also be functions of the educational system.

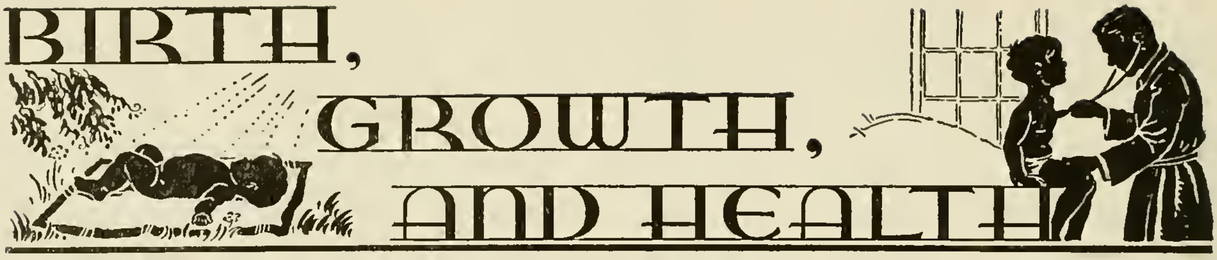
Within 6 months from the promulgation of the law the individual States must undertake to unify and coordinate their educational systems in accordance with the present law. The Federal Department of Public Education will supervise education in the entire country.

The States and municipalities are required to make appropriations for public education in amounts agreed upon with the Federal Department. The appropriations are to be increased gradually until educational facilities are sufficient to make possible the enforcement of compulsory school attendance for all children.

The owners of agricultural, industrial, mining, and other establishments are required to provide for primary schools in their communities whenever the number of children exceeds 20, irrespective of the distance of these establishments from the nearest school. The national department of education will be responsible for supervising these schools and appointing the teachers.

Regulations for the administration of this law are to be issued by the Federal Government. Penalties are provided for violation of the law or regulations.

Diario Oficial, Mexico City, Feb. 3, 1940, Cección tercera, pp. 1–9, Nov.–Dec. 1934, p. 849, and Apr. 19, 1917, p. 443; M. Arroyo de la Parra, Federalización de la Enseñanza, Mexico, 1939; Texto Vigente de la Constitución Politica de los Estados Unidos Mexicanos, Mexico, D. F. [Pipsa], 1939; and Memoria de la Secretaría de Educación Pública, 1937–38, Mexico.



The Causes and Prevention of Death Among Children in the United States

By Clara E. Hayes, M. D., and Elizabeth C. Tandy, Sc. D.
U. S. Children's Bureau

Two-thirds of the 212,842 deaths among persons under 20 years of age in the United States in 1937 were due to 12 of the 200 diseases and conditions in the International List of Causes of Death that are responsible for deaths among children.[1] In the order of their importance these 12 causes were: Premature birth, pneumonia, accidents, diarrhea and enteritis, injury at birth, influenza, tuberculosis, whooping cough, appendicitis, diseases of the heart, congenital debility, and diphtheria (table 1). Many deaths from each of these causes are preventable.

Only 5,018 fewer deaths were reported from these 12 conditions and diseases in 1937 than in 1933, the first year in which the entire United States was included in the death-registration area. The decrease occurred in deaths from diarrhea and enteritis, influenza, tuberculosis, appendicitis, diseases of the heart, congenital debility, and diphtheria. From premature birth, pneumonia, accidents, injury at birth, and whooping cough there were more deaths in 1937 than in 1933. The mortality rates from these causes are not compared because the information needed for computing the rates for the 2 years is not available. However, since there were about 900,000 fewer persons under 20 years of age in the United States in 1937 than in 1933, some reduction would be expected in the number of deaths.[2] This loss of life from preventable conditions and diseases shows that in the country as a whole the existing knowledge of measures for their prevention is not being applied to the fullest extent. The control of diseases and conditions recognized as being preventable in whole or in part is primarily a public-health responsibility.

Conditions Occurring Exclusively in Infancy

In 1937, as in 1933, between 46,000 and 47,000 deaths of infants, the majority of which took place in the first month of life, were attributed to premature birth, injury at birth, and congenital debility (table 2). *Premature birth* was responsible for more deaths than any other single cause and took twice as many infant lives as pneumonia, the cause of death ranking second for that age group.

With the present limited knowledge of the causes of premature birth and congenital debility, the hope of preventing deaths associated with these conditions lies in more adequate care of the mother during pregnancy and delivery and of the infant, particularly during the first

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[1] The causes of death discussed in this paper are 12 of the 13 most frequent causes of death among persons under 20 years of age in the United States. The cause not included is congenital malformations, for which there is no known means of prevention. The statistics presented have been compiled from reports of the U. S. Bureau of the Census. Unless otherwise indicated, the term "children" as used in this paper includes persons of all ages under 20 years.

[2] The U. S. Bureau of the Census has not published estimates of population by age for either 1937 or 1933, but the number of persons under 20 years of age enumerated in the 1930 census was considerably less than in 1920, and the estimates of the Bureau of the Census show about 913,000 fewer persons under 20 years of age in 1935 than in 1930.

Table 1.—*Deaths from 12 causes responsible for two-thirds of the deaths among children under 20 years of age; United States, 1937 and 1933*

Cause of death	1937		1933		Increase (+) or decrease (−) 1937 as compared with 1933	
	Number	Percent distribution	Number	Percent distribution	Number	Percent
All causes	212, 842	100	224, 995	100	−12, 153	−5
12 causes	144, 976	68	149, 994	67	−5, 018	−3
Premature birth	33, 637	16	32, 953	15	+684	+2
Pneumonia (all forms)	28, 873	14	27, 204	12	+1, 669	+6
Accidents	21, 299	10	20, 793	9	+506	+2
Diarrhea and enteritis	15, 951	7	18, 015	8	−2, 064	−11
Injury at birth	9, 598	5	9, 506	4	+92	+1
Influenza	8, 023	4	8, 718	4	−695	−8
Tuberculosis (all forms)	7, 566	3	9, 324	4	−1, 758	−19
Whooping cough	4, 960	2	4, 439	2	+521	+12
Appendicitis	4, 674	2	5, 298	3	−624	−12
Diseases of the heart	4, 514	2	5, 091	2	−577	−11
Congenital debility	3, 480	2	4, 067	2	−587	−14
Diphtheria	2, 401	1	4, 586	2	−2, 185	−48
All other causes	67, 866	32	75, 001	33	−7, 135	−10
Syphilis	1, 951	1	2, 077	1	−126	−6
Typhoid fever	936	(1)	1, 640	1	−704	−43
Smallpox	13	(1)	16	(1)	−3	(2)
Other and ill-defined diseases	64, 966	31	71, 268	31	−6, 302	−9

[1] Less than 1 percent.
[2] Percent not shown because number of deaths was less than 50.

Table 2.—*Deaths in each age period from 12 causes responsible for two-thirds of the deaths among children under 20 years of age; United States, 1937*

Cause of death	Total	Under 1 year	1 to 4 years	5 to 9 years	10 to 14 years	15 to 19 years
All causes	212, 842	119, 931	34, 392	16, 433	15, 345	26, 741
12 causes	144, 976	85, 409	23, 239	9, 707	9, 545	17, 076
Premature birth	33, 637	33, 637	----------	----------	----------	--------
Pneumonia (all forms)	28, 873	16, 567	6, 998	1, 744	1, 254	2, 310
Accidents	21, 299	2, 256	4, 713	3, 853	3, 851	6, 626
Diarrhea and enteritis	15, 951	11, 672	3, 879	230	84	86
Injury at birth	9, 598	9, 598	----------	----------	----------	--------
Influenza	8, 023	3, 719	2, 238	659	545	862
Tuberculosis (all forms)	7, 566	628	1, 303	599	1, 054	3, 982
Whooping cough	4, 960	3, 171	1, 638	121	23	7
Appendicitis	4, 674	42	673	1, 129	1, 347	1, 483
Diseases of the heart	4, 514	379	400	795	1, 268	1, 672
Congenital debility	3, 480	3, 480	----------	----------	----------	--------
Diphtheria	2, 401	260	1, 397	577	119	48
All other causes	67, 866	34, 522	11, 153	6, 726	5, 800	9, 665
Syphilis	1, 951	1, 522	153	51	77	148
Typhoid fever	936	24	98	173	287	354
Smallpox	13	6	----------	3	----------	4
Other and ill-defined diseases	64, 966	32, 970	10, 902	6, 499	5, 436	9, 159

Source: U. S. Bureau of the Census.

month of life. To accomplish this it will be necessary to extend and intensify public-health education on this subject, including the need for early and careful medical supervision of women during pregnancy and the best possible medical care at delivery; the danger that may result if the mother demands anesthetics and operative procedures during delivery; and the need for immediate and continued medical supervision of the infant.

Many *birth injuries* could be prevented through proper care of the mother during pregnancy, which would disclose early any abnormal conditions that require special treatment at delivery.

Conditions Occurring at All Ages Under 20

The other nine diseases and conditions—pneumonia, accidents, diarrhea and enteritis, influenza, tuberculosis, whooping cough, appendicitis, diseases of the heart, and diphtheria—were responsible for 98,261 deaths among persons under 20 years of age in 1937 and for 103,468 in 1933. Of these deaths in 1937, 38,694 (39 percent) occurred in the first year of life.

Pneumonia ranked second as a cause of death in 1937, taking 28,873 lives—1,669 more than in 1933. Adequate provision for type determination and serum therapy through public-health departments should help to reduce the number of deaths from this disease. The success with which chemotherapy is being applied and the comparatively low cost of the treatment that makes it universally available give hope of a considerable reduction in the number of deaths from pneumonia by this means. More public-health education is needed on the importance of early medical care in cases of respiratory infection in children.

Accidents were responsible for the death of 21,299 children in 1937, 506 more deaths than in 1933. In 1937 accidents ranked third in importance among causes of death for persons under 20, and first for those 15 to 19 years of age, among whom more than one-third of the deaths were accidental. Automobile accidents were responsible for 36 percent of the accidental deaths among persons under 20 years of age. Figures compiled by the National Safety Council[3] show that among children under 5 years of age accidents in the home were most frequent. Organized effort, backed by law enforcement, has done much toward preventing accidents in industry and on the highway. Studies now being made under the Fair Labor Standards Act should make it possible further to safeguard young persons from industrial accidents. Public-health as well as safety agencies could assist communities in organizing plans for the prevention of accidents to children in the home and on the street. The public-health nurse has excellent opportunity for safety education in connection with her home visits.

Although much has been accomplished in the control of *diarrhea and enteritis*, it took the lives of 15,951 children in 1937, of whom 15,551 were under 5 years of age. This disease can be prevented through general sanitation, proper care of the infant and older child, and protection of their food and water from contamination.

Influenza was responsible for the death of 8,023 children in 1937, and for 8,718 in 1933. Although little is known about the control of this disease, public-health agencies might help considerably in preventing it by informing the public regarding the need for isolation of patients having any upper-respiratory infection and other accepted measures for the prevention of communicable diseases. Universal observation of the precaution of having the influenza patient remain in bed would without doubt save many lives.

Great reduction in the number of deaths from *tuberculosis* has occurred in recent years, largely because of the effective work of public-health agencies and the work of departments of agriculture toward eliminating the bovine type of the disease. Tuberculosis took the lives of 9,324 children in 1933 and 7,566 in 1937, more than half of whom were boys and girls 15 to 19 years of age. The methods of transmission and the essentials in the control of tuberculosis are known. The dissemination of that information to the public and the provision for individual instruction of tuberculous patients not under the care of private physicians are responsibilities of public-health agencies. Such information is essential in order that individuals in their everyday living may take the necessary precautions against infection and that persons having tuberculosis, particularly those cared for in their homes, may keep from transmitting the infection to others.

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[3] Accident Facts, 1939 edition, p. 8. National Safety Council, 20 North Wacker Drive, Chicago, 1939.

Facilities for giving proper medical supervision and surgical care to tuberculous patients are seriously inadequate in many parts of the country. This is evidenced by the number of persons awaiting admission to sanatoria. Public-health agencies, through publicity on all these facts and on the extent to which tuberculosis exists, might help to stimulate increased provision of the needed facilities. Coordination of effort among groups working to eliminate tuberculosis should increase the efficiency of the service of each group.

There were 4,960 deaths from *whooping cough* in 1937 as compared with 4,439 deaths in 1933, an increase of 521. Most of the deaths occurred among children under 1 year of age. The public should be informed of the need for early isolation of children having colds, especially if there is the slightest suspicion of whooping cough, as a protection to other children. Although the value of pertussis vaccine is uncertain as a preventive, its use probably modifies the course of the disease in many instances and may have a considerable influence on both morbidity and mortality from whooping cough.

Appendicitis caused the death of 4,674 children in 1937, 624 fewer than in 1933. All feasible means should be used to inform the public of the urgent need for early diagnosis and treatment of abdominal pain, and of the great danger resulting from delay in obtaining medical care and from the use of home-prescribed laxatives or other remedies for this condition.

Diseases of the heart caused the death of 4,514 children in 1937, a decrease of 577 compared with 1933. Since heart disease in children is most often caused by rheumatic fever and in some cases by various communicable diseases, the most effective means of preventing heart disease is through promotion of good nutrition and the prevention or the best possible treatment of these antecedent diseases. Education of the public with reference to the causes of heart disease and the need for early and systematic medical supervision of children having rheumatic fever, chorea, or any type of heart disease is essential and could probably be facilitated through a cooperative program on the part of public-health agencies, medical organizations, and State heart associations.

The recent amendment to the Social Security Act increased the funds for services to crippled children, administered by the Children's Bureau. Part of these funds will be used for the treatment of children with heart disease. Public-health agencies could assist in establishing standards for the care of cardiac children in public sanatoria[4] and for safeguarding the health of school children with cardiac disease. Public-health nurses have a definite function, under the direction of the physician, in instructing the family and assisting with the care of the cardiac child in the home.

The number of children who died from *diphtheria* was reduced from 4,586 in 1933 to 2,401 in 1937—a decrease of 48 percent. Nevertheless, where there continue to be deaths from this disease, there is need for more extensive immunization.

Other definitely preventable diseases that continue to take the lives of children, although not included with the 12 causes of death under consideration, are congenital syphilis, typhoid fever, and smallpox. In 1937 there were 1,951 deaths from *syphilis* among children. Of these, 1,522 deaths (78 percent) occurred during the first year of life and were probably due to congenital syphilis, which is preventable. Routine testing for syphilis early in pregnancy, followed by adequate treatment of expectant mothers having positive tests, would soon eliminate congenital syphilis as a cause of death.

With reference to syphilis acquired after birth, further information of the public is urgently needed as to its cause, the manner in which it is spread, and the importance of early

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[4] Minimum standards for sanatorium care of cardiac children have been developed by the American Heart Association, 50 West Fiftieth Street, New York.

TABLE 3.—*Deaths in each State from 12 causes responsible for two-thirds of the deaths among children under 20 years of age; United States, 1937*

State	All causes	12 causes													All other causes
		Total	Premature birth	Pneumonia (all forms)	Accident	Diarrhea and enteritis	Injury at birth	Influenza	Tuberculosis (all forms)	Whooping cough	Appendicitis	Diseases of the heart	Congenital debility	Diphtheria	
United States	212,842	144,976	33,637	28,873	21,299	16,951	9,598	8,023	7,566	4,960	4,674	4,514	3,480	2,401	67,866
Alabama	6,818	4,286	1,044	764	585	532	176	406	218	193	97	87	94	91	2,532
Arizona	2,233	1,586	196	350	173	397	52	104	166	26	22	28	50	22	647
Arkansas	4,015	2,569	423	511	331	390	88	243	110	121	88	52	96	116	1,446
California	8,785	6,411	1,480	1,268	998	798	346	186	538	270	176	133	134	84	2,374
Colorado	2,508	1,816	373	323	250	307	96	126	55	72	53	74	54	33	692
Connecticut	1,622	1,073	330	169	164	58	121	20	57	27	43	46	7	22	549
Delaware	457	338	78	69	47	39	18	16	25	17	8	14	7	----------	119
District of Columbia	1,161	870	290	201	89	73	55	15	57	18	11	29	17	15	291
Florida	3,216	2,105	542	339	390	202	107	125	93	58	64	54	80	61	1,111
Georgia	6,878	4,372	1,071	895	616	538	182	292	186	142	93	95	166	107	2,506
Idaho	852	578	136	67	149	47	49	30	17	17	34	18	10	4	274
Illinois	9,303	6,319	1,460	1,204	988	421	696	250	356	153	305	295	57	134	2,984
Indiana	5,007	3,613	836	754	589	356	191	210	167	161	90	126	79	54	1,394
Iowa	3,203	2,148	592	351	364	125	235	133	55	91	106	46	41	9	1,055
Kansas	2,382	1,605	420	272	303	130	141	95	46	44	67	34	30	23	777
Kentucky	6,090	4,362	901	809	546	721	174	304	252	248	104	93	94	117	1,728
Louisiana	5,224	3,710	815	849	414	387	222	348	166	145	95	93	109	67	1,514
Maine	1,569	1,111	324	159	166	150	65	53	28	31	48	30	61	6	458
Maryland	3,027	2,186	488	472	319	248	110	83	221	100	34	66	28	17	841
Massachusetts	4,746	3,246	848	753	477	136	325	73	152	95	179	150	42	16	1,500
Michigan	7,618	5,187	1,368	1,104	944	309	371	147	257	134	183	219	97	54	2,431
Minnesota	3,246	2,202	641	381	350	111	243	123	91	72	90	52	37	11	1,044
Mississippi	5,682	3,269	619	640	415	473	146	356	194	108	84	67	114	53	2,413
Missouri	5,838	4,085	910	928	535	475	213	246	180	192	133	108	79	86	1,753
Montana	939	650	144	137	112	44	38	54	33	14	28	24	17	5	289
Nebraska	1,728	1,154	304	191	201	81	89	101	25	28	55	36	34	9	574
Nevada	153	112	23	21	32	9	2	2	7	6	6	3	1	----------	41
New Hampshire	631	419	117	59	80	21	36	19	12	16	21	19	14	6	212
New Jersey	4,289	2,924	647	670	553	167	218	76	184	48	150	156	38	27	1,365
New Mexico	2,574	1,378	224	267	157	394	38	51	66	48	30	33	44	17	1,196
New York	14,925	10,237	2,512	2,318	1,399	797	996	254	587	178	456	577	93	70	4,708
North Carolina	8,609	6,006	1,514	1,266	737	918	282	229	255	168	106	146	228	157	2,603
North Dakota	1,058	742	191	169	76	68	67	59	40	14	35	18	14	1	316
Ohio	9,495	6,653	1,679	1,246	1,090	598	439	317	365	284	232	186	122	86	2,842
Oklahoma	4,385	3,036	661	612	457	342	137	222	135	82	121	64	124	89	1,349
Oregon	1,205	798	201	119	194	28	72	39	36	24	37	27	15	6	407
Pennsylvania	14,312	9,858	2,490	2,179	1,394	714	823	408	455	273	323	496	128	85	4,454
Rhode Island	835	590	139	144	66	39	62	13	34	21	28	29	12	3	245
South Carolina	5,189	3,125	635	687	393	493	132	260	131	91	52	68	114	69	2,064
South Dakota	1,094	722	185	149	80	39	55	58	64	22	36	20	10	4	372
Tennessee	6,054	3,989	747	807	618	596	226	270	285	136	102	68	94	140	2,065
Texas	15,499	10,939	1,891	1,957	1,556	2,100	556	821	603	366	253	191	410	235	4,560
Utah	988	670	183	104	133	28	68	28	7	15	41	51	10	2	318
Vermont	534	372	108	56	79	25	34	15	16	5	15	10	8	1	162
Virginia	6,111	4,221	1,013	820	543	398	256	261	225	237	84	79	221	84	1,890
Washington	1,876	1,239	301	187	270	58	117	62	95	28	58	40	26	7	637
West Virginia	4,430	3,099	726	574	406	391	173	152	111	240	57	83	101	85	1,331
Wisconsin	3,944	2,649	754	436	491	164	246	169	96	68	114	73	26	22	1,295
Wyoming	485	347	73	76	73	26	15	20	12	13	18	8	13	----------	138

Source: U. S. Bureau of the Census.

diagnosis and treatment. The fact that 225 persons between the ages of 10 and 20 years died from syphilis in 1937 indicates the need for education in the schools with reference to this disease.

In 1937 there were 936 deaths among children from *typhoid fever* and 13 deaths from *smallpox*, indicating the need for more extensive immunization.

The numbers of deaths among children in 1937 from the 12 principal causes discussed and all other causes are shown for each State in table 3.

EXTENSION OF PREVENTIVE MEASURES

The prevention of deaths does not represent the whole problem in this connection. There is need also to prevent disabling illness from communicable diseases and permanent crippling from injuries at birth and other accidents. For the medically needy portion of the population facilities for obtaining the necessary preventive care are being provided to a small extent through maternal and child-health clinics and conferences, home-delivery nursing and other public-health-nursing services, delivery service by physicians, and the obstetric and pediatric consultation services of the States under the Social Security Act. Much improvement and wide extension of these services are necessary, however, in order to reach adequately all the people who need them.

One necessary measure common to the prevention of illness and death from all the causes under consideration is public-health education. In order to apply even the known specific measures for preventing sickness and death from these causes there must be informed, intelligent cooperation by the people as a whole. For the present adult population continued education in matters of health is needed through instruction by family physicians and by special publications, radio addresses, individual and group instruction, and authentic articles in the press even though these methods are admittedly inadequate and unsatisfactory.

There is, however, a way of reaching practically every future adult with education in matters pertaining to health at a time when the individual is most receptive. That is through the public school. Moreover, school children often carry the information back to their families.

Health is so essential to efficiency, happiness, and success that the importance and logic of giving systematic instruction in the fundamental principles of safe and healthful living through the schools can hardly be denied. In order to make school health education general throughout the country, it will be necessary for teachers to be trained in health teaching. This would entail the institution of adequate courses in health teaching in teacher-training colleges. Public-health agencies have a major responsibility in working with departments of public education on the development of plans for teaching health education, particularly in assisting with the subject matter for such courses.

Also of primary importance in the prevention of morbidity and mortality among children is the extension of the basic public-health program into the areas that at present are without such service. And in areas where organized public-health work is established, there is need for intensification of the accepted measures for the control of communicable diseases and of maternal and child-health supervision.

Medical care and hospitalization are needed for sick children, not only for the benefit of the child who is ill but as a protective measure for other children. Well-organized public-health service throughout the country, adequate health and safety education in all the schools, and medical care and hospitalization for the needy would constitute a powerful defense against the diseases and conditions that have been taking the lives of so many thousands of children.

BOOK NOTES

Milk and Nutrition. Part IV. The Effects of Dietary Supplements of Pasteurized and Raw Milk on the Growth and Health of School Children (Final Report); Summary of All Researches Carried out by the Committee and Practical Conclusions. National Institute for Research in Dairying, Shinfield, Reading, England. 1939. 70 pp. 2s.

The Milk Nutrition Committee, created in 1934, with the Viscount Astor as chairman, presents in its final report a complete analysis of certain school-feeding experiments, summarizes the results of the experimental work sponsored by the committee, and attempts to evaluate the contribution of these research studies to the solution of the problems of human nutrition.

The research had a twofold objective: To compare the nutritive values of raw and pasteurized milk; and to ascertain the effectiveness of a milk-in-schools scheme, under which school children in large numbers are given a daily supplementary ration of milk.

In five communities in England and Scotland children 5 to 14 years of age were given a supplementary feeding each day for a period of about a year. In each school the children were divided arbitrarily into four groups. One group received crackers of little or no nutritive value; the second, one-third of a pint of pasteurized milk; the third, two-thirds of a pint of pasteurized milk; the fourth, two-thirds of a pint of raw milk. More than 6,000 children participated in the experiment. Each child was given four medical examinations during the period. The examinations included objective measurements of height, weight, chest circumference, and muscular strength, also subjective assessments of nutritional status, posture, expression, complexion. The teachers also assessed the intellectual capacity of each child four times during the experiment.

The committeee concluded that all the groups of children receiving milk supplements showed on the average greater increases in height, weight, and chest circumference than did the children who received crackers. The increases were greater in the groups receiving two-thirds of a pint of milk, either raw or pasteurized, than in the groups receiving one-third of a pint. No constant differences were found between the groups receiving raw and pasteurized milk. The subjective nutritional assessments and assessments of intellectual capacity, although less conclusive, placed a larger number of the children who received milk than of the children who received crackers in the higher categories.

Relatively small gains were made by the children in the present study as compared with those in earlier British studies. One of the possible explanations offered is that the diets of British families have improved sufficiently so that the addition of a small supplementary feeding of milk makes comparatively little difference in the nutritional status of school children. The committee believes that the experiment has confirmed the value of milk for the growth and health of school children.

Paidofilaxis; Fundamentos Sociales y Cientificos de la Protección a la Infancia, by Luis Felipe Gonsalez. San José, Costa Rica. 1939. 259 pp.

Dr. Gonsalez is founder and former president of the National Children's Bureau of Costa Rica and author of many works on social welfare and education in that country.

The term "paidofilaxis" is derived by the author from the Greek "paidos" (the child) and "philaxis" (preservation) and is used by him to designate the theory and practice of child-welfare work from the prenatal period until the child is able to support himself.

The book contains a series of brief statements on child-welfare work in a number of European and American countries and on the work done by the League of Nations and several private international organizations.

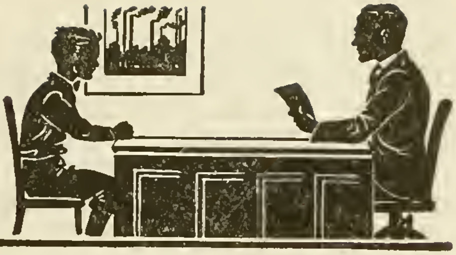
The author also discusses various child-welfare problems, such as effect of environment, care of the preschool and school child, child labor, and juvenile delinquency. A part of the book is devoted to a description of various forms of child-welfare work, mainly aid to mothers and children, institutional care, and health work, with an occasional reference to the work in a specific country.

Wassermann Tests for All Children, by R. P. Schowalter, M. D. *Child Welfare League of America Bulletin*, Vol. 19, No. 1 (January 1940), p. 6.

Routine Wassermann tests on all children who come to a children's institution or all children admitted for care or placement are recommended by Dr. Schowalter as a valuable measure in the campaign to stamp out syphilis.

"Usually those children who are suspected of being syphilitic because of some stigma are actually found to be nonsyphilitic," states Dr. Schowalter. "Likewise our positive Wassermann reactors are often found to be children who appear to be perfectly normal. Syphilitic notched teeth do not appear until late in childhood. They are present in less than 10 percent of the syphilitic children and should not be depended upon for diagnosis. Syphilitic eye disease does not appear until puberty, when response to treatment is exceedingly poor. Unrecognized syphilis may later go on to mental disease, locomotor ataxia, deafness, and permanent blindness. . . . Judging from many years of experience at Milwaukee County Children's Home, I would say that any child-caring agency that does not ferret out these potential cripples and prevent their trouble has not done its duty."

EMPLOYMENT PROBLEMS OF MINORS



Regulation of Child Labor in Industrialized Agriculture

By Ella Arvilla Merritt
Industrial Division, U. S. Children's Bureau

The use of migratory family labor in industrialized agriculture has long presented many economic and social problems that have been of grave concern to Federal, State, and local organizations working in child-labor and child-welfare fields. An Interstate Conference on Migratory Labor was held in Baltimore, Md., February 12-13, 1940, under the auspices of the State labor departments of Delaware, Maryland, New Jersey, and Virginia, in which representatives of State and local social agencies and Federal Departments interested in improving conditions for migrant workers discussed these problems as they affect the four States. The White House Conference on Children in a Democracy meeting in January of this year, and the Sixth National Conference on Labor Legislation called by the Secretary of Labor last November, also devoted considerable attention to the problems of migratory labor. The emphasis placed by all three of these groups upon the need for legal regulation of child labor in industrialized agriculture makes pertinent a review of the situation at this time.

The Problem

A serious child-labor problem exists in industrialized agriculture, since young and unskilled workers can easily be used for the simple hand operations necessary to cultivating and harvesting the crops. Agricultural work usually has been exempted from the application of child-labor laws, as from other labor-law requirements. When public consciousness of the need for regulation of labor conditions became articulate, in the first decade of the twentieth century, farm workers were not thought of as "laborers." Farm work was considered to be family labor, and the owner-operated farm was looked upon as an admirable American institution needing no governmental control with reference to labor conditions. Traditionally the work of children in agriculture was viewed as work on the child's home farm with his parent, as not interfering with his education, and as making a positive contribution to the development of good habits.

During the past few decades, however, wide areas of American agriculture have changed to an industrialized type of production requiring thousands of laborers in the fields, often working under oppressive conditions. Such farming is no longer a "way of life" but a part of the industry of the Nation. In spite of these changes little advance has been made in regulation of child labor in such agricultural work. In fact, under both State and Federal labor laws, labor in industrialized agriculture continues to be denied legislative protection.

The problem of children employed in agriculture is intensified in the case of migratory families who go from crop to crop or who come from the towns into the farming districts during the crop season. Children of these migratory families are an important part of the labor force. The influx of these families into a community for a more or less temporary stay brings with it a train of serious social problems. However, these workers come in response to a demand for a large labor force to do a concentrated job in the cultivation and harvesting of perishable crops. A considerable portion of the value of the crops raised is dependent on the work of the migratory families. Society then, in all fairness, has certain obligations toward such families, obligations which at the present time are far from being fulfilled. The findings of many investigations are summarized in the following statement made by the Committee on Child Labor at the Sixth National Conference on Labor Legislation in 1939:

> Industrialized agriculture has resulted in the exploitation of many thousands of children of migrant families engaged in the cultivation or harvesting of crops in widely separated areas. These children are being denied a proper education and the essentials for healthful growth, normal home life, and recreation. Indeed, one of the reasons for the demand for migratory family labor is that it brings with it a large supply of cheap child labor.

METHODS OF CONTROL

State Legislation.

Child-labor legislation.—Only a few States have attempted to regulate employment of children in agriculture. Most State laws either fail to cover agricultural employment at all or set no minimum age for work in agriculture outside school hours and during school vacation, when most agricultural work is done. Even when child-labor laws cover agriculture nominally, as where they apply to "all gainful occupations," they often in practice are not enforced for children in farm work because of the traditional reluctance to regulate such work, and because of the difficulty of enforcement with existing inspection resources. Moreover, it must be remembered that since these laws were designed primarily to control workers in industry and commerce where the place requiring inspection is clearly defined their application to farm work involves the development of new administrative methods which have not yet been fully worked out.

Compulsory school-attendance laws.—The indirect effect of compulsory school-attendance legislation is an important consideration in preventing employment of children in such agricultural work as is carried on while schools are in session. However, many difficulties develop here also. In some cases children leave school to go to the beet fields or truck farms with their families before school closes in the spring and do not return until late in the fall. In others the children follow the crops and are in one place for only a short time. School terms in rural areas are often short. In some areas a break in the school term for a "crop vacation" may be permitted. In some States the school laws are so worded as not to give migrants the right to attend school; often their admission is dependent upon the decision of the local school authorities. Since the schools are supported, in part at least, by the local district, there is opposition on the part of local taxpayers to the increase in school expenses which would result from an increase in school attendance. Even where State funds are available, they may be allocated on the basis of the school census, in which these temporary residents are often not recorded. Their presence in the classroom in any considerable numbers often presents serious problems. The teacher in the usual crowded schoolroom with a set course of study finds it very difficult to fit into the school pattern migrant children who enter late and stay a short period only. Insufficient space and equipment often adds to the difficulty of caring for an influx of new pupils.

Specific child-labor provisions.—The comparatively few specific State provisions in the child-labor field for children in agriculture include:

1. *The requirement of a special employment certificate for work in agriculture at least during school hours.*—This is found in Pennsylvania and Massachusetts. It has the effect of preventing children under the minimum age for employment from leaving school for work in agriculture and of placing upon children of legal age who do leave school for work in agriculture the same conditions for entering employment as are required for children going to work in other occupations. This, however, does not keep children from leaving the school district and going to work in the country before school closes or failing to return to the place of their permanent residence when school opens.

2. *Power given to the State labor department to regulate employment of children under 16 in industrialized agriculture.*—This is found in only one State, Wisconsin, where the Industrial Commission is given authority to set up regulations for work of children under 16 in cherry orchards, market gardening, gar-

dening conducted or controlled by canning companies, and the culture of sugar beets and cranberries. The only order as yet issued by the Commission under this power prohibits employment of children under 14 in beet fields during school hours unless they have completed the eighth grade and limits the hours of work of such children if employed to 8 a day and 48 a week and to the hours between 7 a. m. and 7 p. m.

3. *Prohibition of employment in agricultural work of nonresidents who have not complied with the educational requirements of their home States.*—This type of law has been enacted only in Pennsylvania. It is the outcome of conferences held between State labor and education officials and certain welfare interests of Pennsylvania, Delaware, Maryland, and New Jersey and is an attempt to develop a method of control of the child-labor and school-attendance problems incident to migration of labor between neighboring States. In Pennsylvania the employment of a nonresident child under 16 is prohibited in berry, fruit, or vegetable raising or harvesting during the time he is required by the laws of his own State to attend school, unless he is at least 14 years of age and would be permitted to be employed in his own State. The employer must obtain a school certificate from the child's State certifying to the child's age and the period of required school attendance. Children temporarily domiciled in Pennsylvania are made subject to the compulsory school-attendance law of that State.

4. *Specific regulation of hours of labor of children in agriculture.*—Such a provision is found in one State, Nebraska, where the child-labor law includes work in beet fields among the named types of employment for which maximum hours (8 hours a day and 48 hours a week) are established for children under 16 years and in which night work (between 8 p. m. and 6 a. m.) is prohibited for such children.

5. *The application to children in agriculture of the child-labor laws applying to general employment.*—A recent opinion by the attorney-general of California holds that the minimum-age provisions of the general child-labor law apply to employment in agriculture, resulting in a minimum age of 14 years for work during school hours and of 12 for work during vacation. In a number of other States, also a literal interpretation of the general child-labor law would result in the application of one or more of its provisions to children in agriculture. It is doubtful, however, whether without some special and specific ruling supported by a State-wide promotional program and adequate administrative procedures and supplemented by good school-attendance legislation these general provisions can be effective to any appreciable extent.

Specific compulsory school-attendance provisions.—Education laws in a few States—for instance, Maine and Kentucky—specifically apply the compulsory school-attendance requirements to migratory children. The California education law makes special provision for schools for children of migratory workers, establishing a revolving State fund for such schools, and providing that classes may be established on the basis of a maximum of $75 per month from the State and $75 per month from the county funds per teacher employed.

Federal Legislative Provisions.

The Sugar Act of 1937 and the Fair Labor Standards Act of 1938 also deal to some extent with children in agriculture.

1. *Sugar Act.*—The Sugar Act of 1937, in setting quotas and providing benefits for sugar-beet and sugarcane growers, makes these benefits dependent upon compliance by the grower with certain labor standards. Among these is a requirement that no child under 14 years of age is to be employed or permitted to work on the farm in the production, cultivation, or harvesting of the crop and that children between 14 and 16 who are employed shall not be permitted to work more than 8 hours a day. These provisions do not apply if the child is a member of the immediate family of a person who is the legal owner of not less than 40 percent of the crop at the time the work was performed. An experimental plan to assist producers in demonstrating compliance with these provisions was worked out during 1939 in certain areas by cooperation between the Sugar Division of the Department of Agriculture and the Children's Bureau of the Department of Labor, through which certificates of age were made available for children employed by sugar-beet and sugarcane growers.

2. *Fair Labor Standards Act.*—Under the Fair Labor Standards Act of 1938 the basic 16-year minimum age of the act applies to the employment of children, during periods while they are legally required to attend school, in the production of agricultural products which are shipped in interstate or foreign commerce.

Remedies

The great variety and difficulty of the problems presented in the extension of labor standards to migratory child workers and in the provision of adequate educational facilities for the migrant child constitute a situation so complicated that specific types of legal regulation, concerning both child employment and school attendance, need to be worked out. It is evident also that such regulation must be supported by special administrative provisions.

The recommendations for State action in this field adopted in 1939 by the Sixth National Conference on Labor Legislation were:

> We urge that each State pass laws eliminating child labor in all industrialized or commercialized forms of agriculture, establishing a 16-year minimum age for employment during school hours and 14 at all other times. We further urge that wherever migrant families are employed in the cultivation or harvesting of crops, decent housing standards, adequate sanitation, and education for all children of school age equal to that for resident children be required by law.

The White House Conference on Children in a Democracy, meeting in January 1940, recommended a minimum age of 16 years for employment in industrialized agriculture during school hours, and a minimum age of 14 for such employment after school hours and during vacation periods. As part of an inclusive plan for care of migrant families it recommended that Federal, State, and local Governments work out cooperative plans for the provision of services to these families when needed, with the Federal Government accepting financial responsibility for interstate migrants, and State and local governments, for families migrating within State boundaries. It also recommended that public employment services take responsibility for the orderly guidance of migrant labor in seasonal employment and that measures relating to wages and hours, collective bargaining, and social security be extended to all agricultural labor.

The Interstate Conference on Migratory Labor held in Baltimore in February, made the following recommendations,[1] most of which directly or indirectly affect the welfare of the migratory child worker:

> That an up-to-date survey of the migratory-labor problem, including the actual needs for migratory labor, be made in each of the four States by the appropriate agency or agencies, assisted where necessary by Federal agencies;
>
> That ways and means be devised, through cooperation with farm groups and individual farmers, to eliminate the use of migratory labor as much as possible by the employment of local labor;
>
> That the same opportunities and services for education, school attendance, health, relief, housing, and sanitation be made available for migratory-labor families as are available to the residents of the communities in which they work;
>
> That these be the responsibility of the community and the State, with Federal aid to assure equal opportunities and services for migrants (as well as for residents) where State and community resources are insufficient, provided that Federal aid be made available on condition that the States and communities receiving aid agree not to discriminate between residents and migrants;
>
> That housing and sanitary regulations be adopted, or made applicable to, the shelter of migratory and seasonal labor, similar to those existing in the more progressive States for tourist camps; and that adequate appropriations and personnel be made available to the appropriate State agency to enforce these regulations;
>
> That each State study the administration of existing laws as applied to migrants, with a view to removing inconsistencies * * *;
>
> That relief workers who accept temporary jobs be assured that they will immediately be restored to the relief rolls when their jobs are over;
>
> That laws regulating private employment agencies be amended so as to apply to contractors for agricultural labor and to make the control effective;
>
> That the State employment services develop machinery for estimating needs and for recruiting and routing labor;
>
> That State conferences on migratory labor be called by the labor commissioners to develop means of putting agreed-upon standards into effect;
>
> That the sponsors of the Interstate Conference on Migratory Labor constitute themselves a committee, with added membership from the conference, to follow up its recommendations and to reconvene the conference from time to time.
>
> The conference recognizes that the conditions surrounding employment of children in industrialized agriculture, in which most migratory child labor is found, are vastly different from those of children working on their parents' farms. It therefore recommends a 14-year minimum age for employment in industrialized forms of agriculture, with adequate certification of age, for the protection of the employer and the child. (This does not include the work of children for their parents on their parents' farms.)

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[1] Proceedings of Interstate Conference on Migratory Labor, Baltimore, Feb. 12–13, 1940. 106 pp. Mimeographed.

U. S. GOVERNMENT PRINTING OFFICE: 1940

CONFERENCE CALENDAR

May 12–16	National Rehabilitation Association. Fifteenth annual conference, Detroit, Mich. Information: National Rehabilitation Association, 600 South Michigan Ave., Chicago.
May 12–18	Biennial convention of three national nursing organizations, Philadelphia. American Nurses' Association, National League of Nursing Education, and National Organization for Public Health Nursing. Information from any one of above organizations, 50 West Fiftieth St., New York.
May 14–17	International Association of Public Employment Services. Kansas City, Mo.
May 22–23	Association of Juvenile Court Judges of America. Third annual meeting, Grand Rapids, Mich.
May 22–26	National Conference of Jewish Social Welfare. Annual meeting, Pittsburgh.
May 23–25	American Association on Mental Deficiency. Annual meeting, Atlantic City.
May 24–29	National Probation Association. Annual conference, Grand Rapids, Mich. Information: National Probation Association, 50 West Fiftieth St., New York.
May 26–June 1	National Conference of Social Work. Sixty-seventh annual session, Grand Rapids, Mich. Hotel information: Rodney D. Schopps, Pantlind Hotel Bldg., Grand Rapids.
May 26–June 1	American Library Association. Sixty-second annual conference, Cincinnati.
June 3–6	National Tuberculosis Association. Thirty-sixth annual meeting, Cleveland.
June 7	American Heart Association. Sixteenth scientific meeting, New York. Permanent headquarters: 50 West Fiftieth St., New York.
June 10–14	American Medical Association. Ninety-first annual session, New York. Permanent headquarters: 535 North Dearborn St., Chicago.
June 23–27	American Home Economics Association. Thirty-third annual meeting, Cleveland, Ohio. Permanent headquarters: Mills Bldg., Washington.
June 30–July 4	National Education Association. Seventy-eighth annual convention, Milwaukee, Wis. Information: National Education Association, 1201 Sixteenth Street NW., Washington.

Eighth American Scientific Congress

The Eighth American Scientific Congress, meeting in Washington, D. C., May 10–18, 1940, has two cardinal purposes: To advance scientific thought and achievement; and to assist in celebrating the fiftieth anniversary of the founding of the Pan American Union, which occurs in April.

In addition to the various sciences, the 11 sections of the Congress include sections on public health and medicine, economics and sociology, and education.

The Seventh American Scientific Congress was held in Mexico City in 1935.

May Day—Child Health Day

Child Health Day will be observed on May 1, 1940, in many States under the auspices of the State departments of health, in accordance with the proclamation of the President of the United States.

In addition to publications already available the Children's Bureau of the United States Department of Labor has prepared the following pamphlets, which will be sent free on request, for use in planning Child Health Day programs:

Facts About Child Health. Children's Bureau, Washington, March 1940. 11 pp. Processed.

Facts About Crippled Children. Children's Bureau, Washington, March 1940. 15 pp. Processed.

UNITED STATES DEPARTMENT OF LABOR

FRANCES PERKINS, SECRETARY

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CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

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The Children's Bureau does not necessarily endorse or assume responsibility for the statements or opinions of contributors not connected with the Bureau.

The Social-Statistics Supplement, issued four times a year, contains summaries of current social statistics relating to child welfare, prepared by the Bureau's Division of Statistical Research.

The Child (with Social-Statistics Supplements) is sent free on request to a restricted list, including State and local officials and agencies actively engaged in work for or with children. Others may subscribe through the Superintendent of Documents, Government Printing Office, Washington, D. C. (price, $1 a year; 10 cents a copy; postage additional outside the United States).

Manuscripts, inquiries, and requests to be placed on the free mailing list should be addressed to Editor, The Child, Children's Bureau, United States Department of Labor, Washington, D. C.

THE CHILD

Monthly News Summary

Volume 4, Numbers 11 and 12 May-June 1940

THESE TWINS HAVE FOUND A HOME

CHILDREN'S BUREAU
U.S. DEPARTMENT OF LABOR – WASHINGTON, D.C.

UNITED STATES DEPARTMENT OF LABOR

FRANCES PERKINS, SECRETARY

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THE CHILD is for sale by the Superintendent of Documents, Washington, D. C., at $1 a year (single copies, 10 cents each). Postage is additional outside the United States. Subscription orders should be addressed to the Superintendent of Documents, Government Printing Office, Washington, D. C.

U. S. SUPERINTENDENT OF DOCUMENTS
JUN 10 1940

THE CHILD

MONTHLY NEWS SUMMARY

Volume 4, Numbers 11 and 12 May-June 1940

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THESE TWINS HAVE FOUND A HOME

The twins whose photograph appears on the cover of this issue were left in a river-front rooming house in a South Central State when they were 2 or 3 months old by a man and woman who promised to send money for their care. No money was ever sent, and no trace has ever been found of the man and woman. When the case was reported to the State division of child welfare, the twins were ill and undernourished and had to be kept in a hospital for several weeks. When their physical condition improved, they were placed in a prospective adoptive home under the supervision of the State child-welfare services.

BIRTH,
GROWTH,
AND HEALTH

Case-Finding Procedures Developed by the Astoria School Health Study

By George M. Wheatley, M. D.

Department of Health, City of New York; Assistant Director, School Health Study

The administrator of a school health program, whether he serves as a member of the department of health or of the board of education, has the problem of making adaptations to changing concepts of school medical and educational practice. These must be compatible with practical limitations of budget personnel and equipment. For example, the physician's conference with the parent to obtain pediatric history and to give guidance is now generally accepted as a necessary part of the public-school medical examination. The educational concept of individual differences and needs among pupils[1] is now recognized in the public-school curriculum. Recognition of these differing needs is considered an essential function of the teacher.[2]

To determine how concepts such as these can be reconciled with a practical school health program has been a basic purpose of the School Health Study[3] conducted for the past 4 years under the joint sponsorship of the New York City Health Department and the Board of Education.

This paper will be limited to the experience of the School Health Study with four types of procedure used to discover health problems among school children:

1. The medical examination.
2. Teacher-nurse selection of children with suspected problems for the school physician to examine.
3. Screening method, such as the Snellen vision test.
4. Community cooperation illustrated by the dental program.

In developing and utilizing these methods the study has endeavored to apply sound medical and educational theory.

The Medical Examination

If more service is to be rendered to this group of the population, *where* and *how* shall the emphasis be directed? Should it be to achieve the "annual examination" recommended or required by many States? This objective is often repeated by medical, educational, and child-welfare organizations. Or should the effort be to strengthen the work of that "first line of defense," the classroom teacher? It is frequently said that the classroom teacher is the person who knows the most about the child in school. Attention, nevertheless, has long centered on the "routine" examination as the accepted method of case-finding. Recently, however, some experienced school health workers have had the courage to question the practice. Rogers[4] states the problem clearly when he says:

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[1] Wrightstone, J. Wayne: Appraisal of Newer Elementary School Practices. Teachers College, Columbia University, New York. 1938.

[2] Joint Committee on Curriculum of the Department of Supervisors and Directors of Instruction of the National Education Association and the Society for Curriculum Study: The Changing Curriculum. Tenth Yearbook of the Department. D. Appleton-Century Co., New York. 1937.

[3] The School Health Study has been maintained by funds from the Liquidating Committee of the American Child Health Association, the Metropolitan Life Insurance Company, the Milbank Memorial Fund, and by social-security funds for maternal and child health through the New York State Department of Health and the United States Children's Bureau. The study, under the direction of Dorothy B. Nyswander, Ph.D., has been located in the Astoria Health District in New York City.

> Periodic examinations, whether they come three times in a school lifetime—that is, with an interval of 3 or 4 years, or whether they are made every year, are more or less of an absurdity . . . for diseases and defects do not await the quadrennial, triennial, biennial, or even annual visitation of the school physician. Diseases and defects may appear or become evident within a few days after that visit, and it is manifestly wrong that the diseased or defective child should await [the physician's] return in from 1 to 5 years before his condition is discovered.

Aside from this criticism of the periodic examination as a case-finding procedure is the disclosure of the way the annual examination may be given when this is a legal requirement.

The recent report of the Regents' Inquiry[5] into the school health program states:

> The physical examination afforded school children varied in nature from the very careful, searching pediatric type of examination to one which allowed the passing of children in review before a physician in the most rapid manner possible. The motivating force allowing for examination was almost without exception that of State law. Since it is required that every child have a physical examination each year, the school health and administrative authorities appear, for the most part, to be attempting to meet a legal requirement rather than definitely aiming at improvement of health conditions of their school. . . . Few school systems spend, or are at all likely to spend, enough money to provide a real physical examination every year, and there is no reason why they should do so.

These statements should make the administrator pause to consider if his school examination, when performed as a perfunctory "routine" or "periodic" or "annual" examination, may not be a relatively inefficient and costly procedure. There is only one kind of examination a competent physician should be expected to give to children. Whether it be in a private office, in a clinic, or in a school medical room, the medical examination should be a careful, well-planned procedure, which includes an interview with the parent for the purpose of obtaining a pediatric history, planning for care, and an explanation of the medical findings. The physical examination should be as thorough as the circumstances and facilities permit. The cursory 5-minute examination of young children without the parent present is not good pediatric practice, nor is it good education to permit children and parents to believe that the school approves this kind of examination.

The Astoria School Health Study has made the routine examination a more thorough type of procedure. It recognizes that the school physician has an important part to play, both in case-finding and in health education. The first step in improving the examination was to give the physician the opportunity to do a sound professional and educational job. The "routine" was eliminated from his examination. It appeared that endless search for children with defects through routine examination of masses of elementary school children dulled the physician's diagnostic acumen. Why not cultivate his professional skill and sharpen his interest in his work through consultation cases?

In order to reduce theoretical considerations to practical reality, three broad questions were applied to the routine examination procedure:

> 1. Are there some parts of the school examination now being carried out by the physician which someone else is equally well, or better, qualified to do? Should the physician do vision tests and height and weight measurements? Is the school physician the best person to discover dental caries? Is the whispered voice reliable in the discovery of hearing defects? Is the routine examination of the lungs in elementary school children a productive procedure?
>
> 2. Are the special abilities of the physician utilized to the best advantage? Should his professional experience and influence be added to the nurse's at the time of the examination to work out a plan with the parent for care of the child presenting a health problem? Should the physician give more attention to history-taking from the parent to evaluate physical function? Should he be allowed the opportunity to interpret his findings to the parent, teacher, and nurse? Should the school physician, when complications arise over diagnosis and recommendation, have the opportunity to make professional contacts with private physicians?

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[4] Rogers, J. F., M. D., Dr. P. H.: Frequency of Periodic Health Examinations. *Journal of School Health,* Vol. 10, No. 1 (January 1940).

[5] Winslow, C.-E. A: The School Health Program. Regents' Inquiry, McGraw-Hill Book Co., New York. 1938.

3. Is the physician rendering his professional services where they are most effective? Rather than utilize the bulk of his time for "routine" examinations, would it be a more effective use of his limited services if he were to examine children with suspected problems selected for him by teacher and nurse? Is it an effective use of his time to examine children periodically in order to learn if their defects have been corrected?

It is not possible in the limits of this paper to give the answers to all the questions raised.[6] A general description will be given of the school examination, which was based on our answers to these questions.

The examination by the physician is made the focal point of the health service. When the physician examines the child all information that it is possible to get is assembled. The teacher, the nurse, and the parent all contribute data, either as history, reports, or tests. More time is given by the physician to the interview with the parent than to the physical examination of the child. The objectives of the conference with the parent are:

1. To study the child's development, his family, his illnesses, and his present health and living habits;
2. To correlate this knowledge of the child's day-to-day functioning with the physical findings;
3. To plan for treatment of the problems identified through the interview and physical examination;
4. To give guidance and health information to parents of normal children. The interview with the parent of the well child is an opportunity to give health information and to advise preventive measures for other members of the family. Preschool children need vaccination and protection from diphtheria. A chronic cough in an adult may need further investigation.

Physical findings are classed as defects and action urged upon the parent only if they can be correlated with the child's health history. In this way, for example, a history of sore throat, middle-ear infection, or swollen glands carries more weight than the appearance of the tonsils, both in diagnosing a tonsil defect and in urging treatment. Nutrition is not estimated by reliance upon height and weight at the time of the examination but is evaluated in terms of physical appearance, pediatric history, which includes eating and sleeping habits, and weight and height increments. This principle is applied to other conditions throughout the examination.

By the emphasis on history it is common to uncover conditions that, without it, would never have been disclosed in the routine physical examination with the child stripped to the waist. Diabetes, family history of tuberculosis, behavior problems, nephritis, pyelitis, are illustrations.

Occasionally, because of the confidence established with the parent, an even more thorough physical examination can be carired out. Recently through this type of conference and examination a case of pseudohermaphroditism was discovered. The parent wanted the physician's advice. It was possible to discover that the child raised as a girl was sexually a boy. A plan was worked out with the parent to help adjust this extremely complicated medical and social problem.

To keep the interview and examination within an average of 15 minutes it is necessary to eliminate some parts and revise the procedure of the examination. The testing of vision[7] and hearing[8] by the physician is eliminated; the nurse does not spend time weighing and measuring children at the time of the examination—this is done by the teacher; the routine lung examination by auscultation is not done; interruptions of the physician are reduced to a minimum by more careful planning; the nurse takes down on the medical record the notes dictated by the physician as he conducts the interview with the mother and examines the child. This brings the nurse into active participation and understanding of the medical findings. Follow-up examinations by the physician, to determine if dental and visual defects have been corrected or diseased tonsils removed, are discontinued. These are handled by the nurse on presentation of certificates from the dentist and physician who have given the necessary treatment. Routine examinations in the eighth grade are eliminated in favor of "consultation" on "problem" cases, selected from all grades in the school by the teachers and the nurse.

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[6] A comprehensive report of the 4-year operation of the study by the School Health Study Committee, Philip Van Ingen, M. D., chairman, is now in preparation.

[7] This was done by teacher and nurse.

[8] This was done by an audiometer survey made by Board of Education through the Works Progress Administration in the spring term of 1938.

By eliminating all procedures that did not stand the acid test of critical analysis and by transferring other duties to teacher and nurse the physician is able to render a real professional service within a practical limit of time. He does 8 to 10 examinations per 3-hour session (other services rendered by the physician during this 3-hour session may include inspections and toxoid injections).

To compensate for reduction in the number of children who receive the school medical examination procedures have been developed which permit children to be seen briefly by the physician to decide on the need for the medical examination. This is called inspection by the physician. Children are referred for inspection by teachers and nurse because of signs and symptoms or information about the child suggestive of a health problem.

In summary, the school-examination procedure developed in the Astoria study, and now being introduced in the elementary schools throughout the city, has these three objectives:

1. To make careful selection of children on the basis of health history contributed by parent, teacher, and nurse and the examination by the school physician;
2. To make thoughtful referral based on a plan for care worked out by the physician with parent and nurse in the light of facilities for treatment;
3. To give educational guidance to parents on the child's health problems and living habits.

This examination service, because of limited staff, can be given only to children newly admitted to the elementary school system and to children selected after review by nurse and physician as consultation cases.

Teacher-Nurse Selection of Children

The Astoria School Health Study has placed the greatest emphasis on case-finding in the classroom. The day-to-day observation of the classroom teacher in the elementary school and her knowledge of her pupils is potentially the best means of discovering children who may need medical attention. This has been repeatedly stated and recently emphasized by Wilson and Clancy.[9]

To furnish the teacher with a tool to assist her in her observations, a pupil-health record was developed. In addition to space for recording vision scores and weight measurements, this card provides for notations by the teacher of any signs of abnormal health or behavior. Furthermore, there is space for explanation of the medical findings, for recommendations on classroom management of the pupil, and for follow-up reports by the physician and nurse based on the school examination. Because the record passes on with the pupil to the child's next grade, subsequent teachers can profit and be guided by the notes and reports. The teacher now has a tangible means of promoting her interest in the health of each pupil.[10]

The health service starts in the classroom. The school nurse makes a classroom visit to each teacher during the term to review the health status of each child and to guide the teacher in the use of the health record. Through this visit children whose signs and symptoms may not have been considered significant by the teacher may be brought to medical attention. The physician is available when he visits the school to render consultation service on these children who have been selected by the teacher and nurse. The problems which are usually selected through this periodic inventory visit by the nurse are children with chronic illness; children who are absent frequently without satisfactory explanation; children not gaining weight; children who have previously been doing well in school and have suddenly begun to fail; children previously alert and active, now tiring easily. Some of the children selected may be known to the teacher and nurse through history of frequent sore throats or ear discharge, or because of behavior problems in the classroom, or because of frequency of urination. These are problems familiar to all classroom teachers. The nurse and physician are interested in such cases. When these children are seen by the school physician, depending on his judgment, he may select the child for the complete history and physical examination, with the parent present, or may render an opinion that will dispose of the problem, either as no case or as a case for further teacher and nurse observation.

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[9] Wilson, Charles C., M. D., and Helen M. Clancy, R. N.: Trends in School Health Examinations. *Public Health Nursing*, Vol. 31, No. 4 (April 1939), p. 219.

[10] Fegley, Marian V., R. N.: Modern Tools for School Health. *Public Health Nursing*, Vol. 31, No. 9 (September 1939).

This kind of health service has not only put the medical service on a more rational basis comparable to health service in the community but has reached more children who need medical attention. A further advantage of this type of service is that it brings the school physician into closer contact with the classroom teacher and her problems. Not only is this a more satisfying kind of service to render with a limited staff, but, from a statistical standpoint alone, the teacher-nurse selection of cases is more profitable as a case-finding method than is routine examination.

An analysis of the records of children receiving the routine examination as entering pupils, of children examined as specially referred cases, and of children examined by classes (table 1), shows that 80 percent of the children examined as specially referred cases had physical defects, contrasted with 44 percent of the children in the entering group; only 28 percent in the group receiving the routine examination as given to every child in the fifth, sixth, or seventh grade without the parent present were found to have physical defects.

From the point of view of economy of effort in the discovery of health problems, it appears that efforts should be directed toward improving the ability of the teacher to recognize children who may need medical attention. Moreover, the utilization of the physician as a final step in the process of selection, except in obvious emergencies of acute illness, means that a considered medical opinion can be rendered. This type of service furthermore gives a more even distribution of medical attention throughout the school.

TABLE 1.—*Frequency of defects found when all children in class were examined and when children were specially referred for examination during the first half of the school year 1938–39*

Finding of defects	All children in class examined				Children specially referred for examination in grades 2 to 9, inclusive	
	On entering kindergarten and grade 1 [1]		In grades 5, 6, and 7			
	Number	Percent	Number	Percent	Number	Percent
Total children examined	426	100	689	100	241	100
Defects found[2]	188	44	191	28	194	80
No defects found	238	56	498	72	47	20

[1] Children examined by private physicians and children examined during the summer are not included.

[2] Children with visual or dental defects only are not placed in the category of children with defects in either of above groups. Dental and visual defects were picked up by special programs which included all children in the schools.

Table 2 shows the spread of doctor-nurse service throughout the grades of the schools in which the experiment was carried on during the first half of the school year 1938–39. It will be seen

TABLE 2.—*Children enrolled and children receiving attention from doctor or nurse in each grade during the first half of the school year 1938–39*

Grade	Children enrolled	Children receiving attention [1]	
		Number	Percent of total enrolled
Total	7,950	[2] 3,888	49.0
Kindergarten	374	204	54.5
First grade	834	494	59.1
Second grade	800	325	40.6
Third grade	832	372	44.8
Fourth grade	799	258	32.4
Fifth grade	853	424	50.0
Sixth grade	880	424	48.0
Seventh grade	874	492	56.3
Eighth grade	755	372	49.4
Ninth grade	343	206	60.0
Rapid	271	160	59.2
Special	335	157	47.0

[1] Excludes children receiving only notation for morning inspection.

[2] Includes 2,417 children (62 percent) who received attention only from the nurse and 1,471 (38 percent) who received attention from both doctor and nurse.

that, with the exception of the second, third, and fourth grades, nearly half of the children in each grade received some attention from the doctor or nurse.

An additional value of the teacher-nurse-doctor selective process is the history which is developed for each child who is to be seen by the physician. This is a marked advantage in enabling the physician to arrive at a diagnosis.

Vision-Screening Program

At the beginning of the Astoria School Health Study it was found through analysis of the medical records that the vision-screening program and follow-up of children with visual defects was not on a particularly sound basis.

It is customary in New York City for the classroom teacher to use the Snellen test for each pupil each term. About 250,000 children (32 percent of the approximately 770,000 children in the public elementary schools) were tested by physicians and nurses each year. There seemed to be little or no coordination between these two separate services for the discovery of visual defects. Teachers sent notices to the parent advising care. This was often done independently of the notice that the nurse might send home regarding the same child. In many instances it was found that children with visual defects discovered by the teacher and not reported to the nurse had received follow-up work only by the teacher, and because of the periodic shift of children from teacher to teacher many visual defects remained uncared for.

Problems Demanding Solution.

The Astoria School Health Study, in developing an experimental vision-screening program, used the following as a guide:

1. Responsibility for the selection and follow-up of vision cases had to be allocated.
2. The reliability of the teacher's selection of children with visual defects had to be determined.
3. Follow-up procedures for the nurse, which would be effective and continuous, had to be instituted.

Allocating Responsibility.

With regard to the first problem the teachers were given the responsibility for screening the vision of all school children from the second grade on. The teachers each term submitted to the nurse the names of children having visual acuity of 20/40 or less and no glasses. The nurses retested all these children.

Children with visual acuity of 20/40 or less who already own glasses having the best possible correction at the time are advised to go back for periodic reexaminations to the person who prescribed the glasses.

Reliability of Teacher Referrals.

Visual acuity of 20/50 or less.—The nurses found that the reporting of visual acuity of 20/50 or less by the teacher was reliable. This conclusion was reached by retesting under standard conditions all the cases reported by the teacher. The nurse's results agreed with the teacher's selection in nearly 100 percent of the cases. When reports from oculists, optometrists, and so forth were tabulated, it was found that acuities of 20/50 or less reported by the teacher were substantiated in 95 cases out of 100.

Visual acuity of 20/40.—On the other hand, acuities of 20/40, on retest by the nurse, were found to be reliable in only 40 cases out of 100. When the children who, on retest by the nurse, were found to have visual acuities of 20/40 were examined by oculists and optometrists, the nurse's findings were substantiated in 95 percent of the cases.

Nurse's Procedure for Follow-up.

Analysis of the nurse's retest results and reports from the oculists led to the establishment of definite procedures. Teachers continue to test the vision of all the children, but each term they submit two lists of names to the school nurse. One list contains the names of children having a visual acuity of 20/50 or less and no glasses. The second list contains the names of children having a visual acuity of 20/40 and no glasses.

Visual acuity of 20/50 or less.—On receipt of these two lists the nurse begins her follow-up work. The children with an acuity of 20/50 or less receive immediate attention. The nurse *without retesting* invites the parent to visit the school to consult with her about the child's vision. If a parent fails to respond to the nurse's invitation, a home visit is made.

Visual acuity of 20/40.—The nurse retests all children referred by teachers as having a visual acuity of 20/40. The nurse invites the parents in for a conference and urges care for all children retesting 20/40 or less.

Where formerly there existed divided responsibility, duplication of effort, and neglected cases, teachers and nurses now have definite responsibilities. The reliability of teachers in the selection of cases has been determined, and nurses have definite procedures for the follow-up of vision cases.

A study of the following data demonstrates what can be accomplished in a vision program when the work of teachers and nurses is integrated.

The following tabulation shows the number of children who were referred by the teacher to the nurse for retesting and also the total number of cases which the nurse had to follow up during the first half of the school year 1938–39:

Results of vision tests	*Number of children*	*Percent distribution*
Total children tested	6, 889	100. 0
Acuity 20/40 or less on original test (referred by teachers)	443	6. 4
Followed up by nurse	308	4. 4
Retested (original test, acuity 20/40)	93	1. 3
Not retested (original test, acuity 20/50 or less)	215	3. 1
Not followed up by nurse (retest, acuity more than 20/40)	135	2. 0
Acuity more than 20/40 on original test with or without glasses (includes children not referred by teachers and children with this acuity who were referred because of symptoms of strain)	6, 446	93. 6

Of the 308 cases followed up by the nurse, in 272 cases she held parent consultations in school. Thirty-six parents failed to respond. The nurse, therefore, made home visits in these cases. The results of the nurse's follow-up work during the first half of the school year 1938–39 were as follows:

Results of follow-up work	*Children followed up*	
	Number	*Percent distribution*
Total children followed up	308	100. 0
Glasses obtained	124	40. 3
Correction in process	142	46. 0
Glasses not needed	19	6. 2
No action by parent	23	7. 5

Table 3 shows the progressive decrease in the number of new cases in the schools included in the study since the introduction of this coordinated program.

Table 3.—*Reference by teacher on basis of original test and follow-up by nurse of children receiving vision tests in 4 successive half school years.*

Results of vision test	Percent distribution			
	Second half, 1937–38 (7,459 children)	First half, 1938–39 (6,889 children)	Second half, 1938–39 (6,810 children)	First half, 1939–40 (6,746 children)
Total	100. 0	100. 0	100. 0	100. 0
Acuity 20/40 or less (referred by teacher)	10. 8	6. 4	5. 1	3. 7
Followed up by nurse	8. 5	4. 4	3. 7	2. 9
Not followed up by nurse [1]	2. 3	2. 0	1. 4	. 6
Acuity 20/40 or more with or without glasses [2]	89. 2	93. 6	94. 9	96. 3

[1] Acuity of more than 20/40 on retest by nurse.

[2] Includes all children not referred by teacher and children with this acuity who were referred because of symptoms of strain.

From the figures for the latest period of the demonstration it would seem that a large proportion of the children needing glasses have received them, that bedrock has been reached in both cases reported by the teacher and those followed up by the nurse, and that only new cases which develop from term to term are now being selected. This plan for managing the vision program was introduced throughout the city of New York beginning September 1939.

Community Cooperation for Dental Care

The Astoria School Health Study assumed that the problem of dental caries is not solved through setting up machinery to discover this defect but should be approached through a program which places all children in the hands of dentists periodically.

Three basic ideas govern the operation of the dental program:[11]

1. Dental disease can be controlled through continuous dental care.
2. Education of parents and cooperation of the dental profession offer a solution.
3. Teachers are in a strategic position to aid the program.

The efforts of three key individuals were coordinated in the dental program—the teacher, the parent, and the private dentist.

The teacher took the initiative through a letter given to each child to point out the facts on dental-health methods, hygiene, and the importance of dental care. This letter awakened the parents' concern and responsibility for the problem by pointing out educational facts about teeth. Dentists were brought into active participation in the program through the representatives of the dental societies in the community. Meetings were held with the dentists, and the plan of procedure was outlined. The dentists pledged cooperation in the examination of all children referred to them. In the dentist's office children were examined with the parents present. This gave the dentist the opportunity of pointing out the need for treatment to the parent. It was also an occasion for the parent to learn the importance of continuous care of the teeth. In the school the teacher interviewed each child to determine the status of care during the course of the year. The teacher based her follow-up of the individual case on the parent's response. The child's progress and status were recorded on the pupil-health card by the teacher.

In the first year of the cooperative dental program 5,664 (88 percent) of the 6,436 children in the 8 schools in which this program was conducted were examined by dentists, with the following results:

Results of dental program	*Children examined*	
	Number	*Percent distribution*
Total children examined	5, 664	100
Treatment needed	4, 580	81
Treatment completed at end of school year	1, 568	28
Under treatment at end of school year	1, 568	28
No treatment received	1, 084	19
Treatment not needed	1, 084	19

Of the 5,664 children examined by dentists, 68 percent were examined by private dentists and 32 percent by clinic dentists.

Summary

Although this paper is limited to a report of case-finding methods for school health service, it should not be thought that we are interested only in the child with defects. No attempt has been made to indicate the experimental work done in staff education or in developing procedures for physicians and nurses to give guidance to all children.

The Astoria School Health Study has endeavored to work out a practical service which incorporates the best concepts of pediatrics and education. The type of examination that the school physician gives in the school is a pediatric examination in which the conference with the parent and the medical history of the child are essential parts. Because of limited staff this type of examination has been given only to entering children and to children selected through a process of screening by teacher, nurse, and physician. This kind of medical examination, from the experience of the School Health Study, assures sounder selection of cases and better appreciation by the parent of the need for treatment.

The plan for treatment is equally important with the discovery of the health problem. Lines of communication have been established among both private and public medical and social resources in the community. School physicians and school nurses are on working terms with private physicians as well as social workers. This rapport has led to assistance for the child whose physical and mental condition may be attributed to his family's social or economic need. It has led also to better understanding by the community agencies of the objectives of the school health service.

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[11] A complete report of this dental program was made by S. S. Lifson of the School Health Study staff at the October 1939 meeting of the American Public Health Association in a paper entitled "How the Community Dentist Can Participate in the School Dental Program."

More attention should be centered on improving the ability of the teacher and nurse to select children for the physician. This appears to be a practical means of spreading service and of selecting children physically below par. The pupil-health card has been found to be a useful tool for centering the teacher's interest on her pupils' health.

For defects of vision and hearing, the correction of which is so vital to the educational process, it seems more practical to put the emphasis on developing testing procedures, such as the audiometer test for hearing and the Snellen test for vision. The teachers' tests were found to be reliable for the group of children having a visual acuity of 20/50 or less, who are not retested by the nurse. Only children with an acuity of 20/40 are retested. Coordination of the teacher's and nurse's efforts in the selection and follow-up of children with visual defects resulted in better selection and correction of visual defects.

Statistical data are presented to show the result of cooperation between the school and the community dentists in the dental care of school children.

These are all methods that the resourceful administrator may be able to apply to his own situation.

Special Care for Premature Infants in Rural Homes[1]

By Robert C. Hume, M. D.

Assistant Commissioner, Cattaraugus County Department of Health, Olean, N. Y.[2]

In attacking the problem of reducing infant mortality the medical profession has found that premature birth is an important factor. A study made during a recent year by the New York State Department of Health[3] has shown that 4.3 percent of the infants born alive were premature and that 39 percent of the prematurely born infants died in the first month of life.

In some States, notably Massachusetts, the department of public health has approached the problem of improving care of premature infants with the idea of hospitalization for all babies weighing less than 5½ pounds at birth.

Though this is theoretically an ideal plan it was not entirely suitable to a rural area such as Cattaraugus County, whose population of 73,000, scattered over 1,343 square miles, is served by four general hospitals without separate nurseries for premature infants. Forty percent of the 1,400 births each year in this area are home deliveries, chiefly because of geographic isolation and financial inability on the part of these families to meet hospital expenses.

It has been stated in pediatric textbooks for more than 30 years that the three chief needs of prematurely born infants are maintenance of body temperature, proper feeding, and protection from infection, yet these needs had not generally been met in rural areas. The farmers' families in Cattaraugus County cannot, in many cases, afford even ordinary hospital care. Furthermore, premature babies frequently arrive unexpectedly. Families need help for premature babies in their homes.

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[1] This article appeared in substantially the same form in *Canadian Welfare Summary*, Vol. 15, No. 3 (August-September 1939).

[2] The author joined the New York State Department of Health on March 16, 1940, as assistant district State health officer.

[3] Yerushalmy, J.: Neonatal Mortality by Order of Birth and of Age of Parents. *American Journal of Hygiene*, Vol. 28, No. 2 (September 1938), pp. 244-270.

Therefore, a local program to meet the need of the premature baby was started about 2½ years ago.

In general this program for the care of premature infants in a rural area consisted of:

1. Instruction of the public-health-nursing staff as to the needs of premature infants and methods of meeting these requirements.
2. Provision of portable incubators or heated beds for home use.
3. Informing the medical profession of the county regarding the need for care of premature infants and the equipment available.
4. General publicity.

Staff Education

The provision of proper nursing is probably the most essential part of any program for reducing infant mortality due to prematurity. To make this available the county department of health sent its supervising nurse to Boston for the 2-week training course in nursing care of premature infants at the Boston Lying-In Hospital.[4] Here she was able to observe and practice the newest approved methods of hospital care for premature infants. On her return she was able to adapt these newer techniques for use in homes and to instruct the staff nurses of the department in these special nursing procedures.

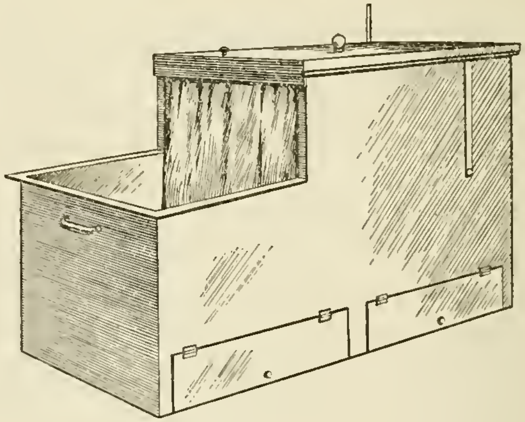
The department's consultant in maternal and child hygiene, from the county medical society, visited the Sarah Morris Station in Chicago, learning from Dr. Hess the special techniques used there. He has discussed these methods before the practicing physicians and now serves as a local consultant for special problems concerning premature infants.

Portable Incubators

Our first portable incubator was a metal-hooded crib, obtained from Dr. Hess in Chicago. It was heated by an electric bulb. This model was soon modified by the addition of an inexpensive thermostat, such as is used in chicken incubators, and several of these were made of sheet metal by a local metalworking plant. Later, further modifications were made, and a more efficient unit was designed, with the heating element beneath the mattress and a more easily adjusted, precalibrated thermostat. For homes without electricity the bed was equipped with metal flaps allowing the placing of heated bricks, stones, or flatirons beneath it.

The county department of health now has 14 of these portable incubators distributed throughout the county in district health stations, where they are quickly available on request of local physicians. These incubators effectively maintain a uniform environmental temperature around the baby. Of almost greater importance is the fact that this device is a consistent reminder to the family of the special need of small infants for good nursing care and protection from infection.

The most recent and useful incubator is 29 inches long, 16 inches wide, and 20 inches high, is constructed of sheet metal, and weighs about 40 pounds. The baby rests on an insulated tray above the 150-watt heating element regulated by a thermostat, which can be adjusted from the outside to maintain any temperature from 70° to 100° Fahrenheit. The baby breathes the air of the room. The question of increasing humidity, a factor stressed in some large hospitals, has not concerned us greatly, for in many country homes where wood fires are used the problem has not been so acute as it would be in steam-heated city apartments. When the incubator is heated with bricks or flatirons there is, of course, no automatic feature available and additional attention is required. A



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[4] Through the courtesy of the Massachusetts Department of Health.

separate heating unit utilizing a small alcohol lamp for heating water, which circulates automatically through copper coils beneath the mattress, has recently been developed. This will run for 10 to 12 hours without attention and should facilitate maintenance of uniform incubator temperature in homes without electricity.

In other parts of New York State incubators have been made of plywood by National Youth Administration workers. The cost of our metal unit has varied from $25 to $60. From early experience we learned that the cheaper thermostats without calibration caused some dissatisfaction because of difficult adjustment. We now use a more reliable thermostat in which calibration from 70° to 100° Fahrenheit is visible from the outside.

Education of the Medical Profession

Simply providing incubators did not solve our problem. It was essential that the local practicing physicians who attend the births and care for the premature infants be informed as to the special care required for small babies. For this purpose an institute on care of premature infants was organized early in the program. All physicians in Cattaraugus County and those in adjoining counties who practice in the county were invited to an evening meeting sponsored by the Cattaraugus County Medical Society, at St. Francis Hospital, Olean. Dr. B. B. Breese, a pediatrician from Strong Memorial Hospital in Rochester, who had conducted a special study of premature infants, was invited to address the physicians. At this session mimeographed material was distributed, including an outline of special requirements of small babies and also the hospital routines used at the Sarah Morris Station for premature infants in Chicago and at the Boston Lying-In Hospital. The supervising public-health nurse demonstrated to the physicians the use of incubators, premature jackets, gavage feeding tubes, oxygen-administration apparatus for infants, and various types of suction apparatus. To make sure that these newer techniques could be applied when ordered by the physician, an afternoon session for nurses caring for newborn infants was also provided. At this meeting special nursing procedures were demonstrated and discussed in detail before a group of about 60 nurses and hospital administrators in the county.

General Publicity

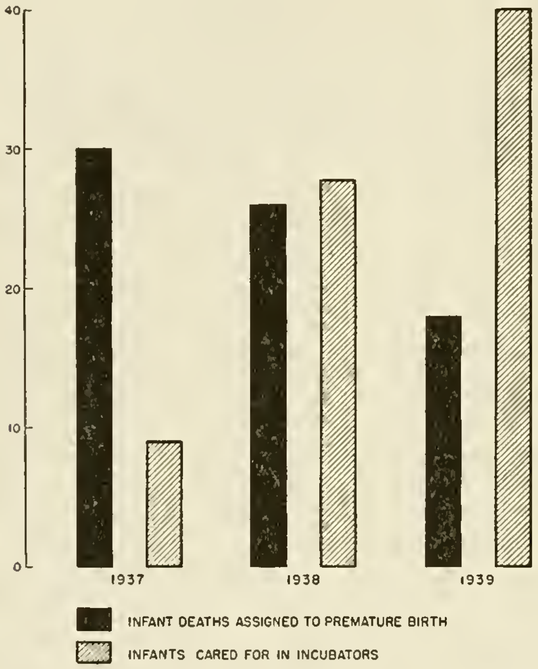
In addition to informing the doctors and nurses of what they might do it seemed wise to interest the public in the problem of premature infants. For this purpose exhibits at two successive county fairs were designed to bring the problem of saving premature babies to the attention of the public. Newspaper articles were printed, with photographs of incubators in use for local babies. Repeated reference to this program was made at meetings of the Cattaraugus County Council of Maternal and Child Health. A short motion picture produced by the department, which shows these incubators in use in homes, has helped to interest local groups in the problem of providing special care for premature infants. These steps have spread knowledge of this program to a large proportion of the population. Now most families welcome an incubator when needed in the home, not only for the uniform environmental temperature which it provides for the baby, but as a symbol of the special need of their small baby for careful feeding, good nursing care, and protection from infection.

Results

Incubators supplied by the Cattaraugus County Department of Health in the past 2½ years have been used in rural and urban homes, in maternity homes, and in each of the hospitals. Calls from hospitals still come to us for additional units when several small babies are being cared for at one time. So far we have been able to supply an incubator within a few hours to each physician requesting one for home use. The baby is kept in the incubator from 2 weeks to 5 months, according to the physician's orders and the baby's condition.

In several instances babies born prematurely at home have been placed in an incubator and, with this protection, transported to a hospital by automobile. The baby usually remains in the same incubator while at the hospital and if necessary after his discharge to the home.

NUMBER OF INFANT DEATHS ASSIGNED TO PREMATURE BIRTH AND NUMBER OF INFANTS CARED FOR IN INCUBATORS, 1937-39



With the increasing realization by physicians and the public of the facilities available more calls come to us for incubators to be sent to private homes when premature infants born in hospitals are discharged. This gives the public-health nurse an early opportunity to instruct the mother in the special care of the small baby when she goes to the home with the incubator requested by the family physician. The closer the cooperation between the hospital and the public-health nurse the better, in this as in other matters.

It is difficult to measure the results of a program such as this, but the number of infant deaths certified as due to premature birth has decreased in the years in which our work has been developing. In 1937, 30 deaths were reported as due to premature birth; in 1938, 26; in 1939, 18. We believe that this decrease in deaths was directly due to the better care received by premature infants. The number of babies who were cared for in incubators in 1937 was 9; in 1938, 28; in 1939, 40. The 1939 figure includes 10 infants who were cared for in new hospital incubators. The study demonstrates that a health department can stimulate its community to save premature infants.

It is realized that home care of premature infants is in no way superior to hospital care, but where the latter is not available a small amount of relatively inexpensive equipment, supplemented by special nursing care, has made it possible to improve the chances for life of small infants born at home.

Methods of Teaching Prevention of Diarrhea in New Mexico

By Hester B. Curtis, M. D.

Director, Division of Maternal and Child Health, New Mexico State Department of Public Health

New Mexico has the highest infant death rate in the United States. More than 40 percent of our infant deaths occur without medical attendant. No one knows how many of these might have been prevented if a physician could have been in attendance. We live in a large, sparsely populated State, and the doctors are concentrated in the towns.

For a long time the State Department of Public Health speculated regarding the probable cause of these unattended deaths. We thought it likely that they followed the general pattern of deaths from specific causes where the diarrheal diseases have a prominent place. When our statistician charted the infant deaths from known and unknown causes for 3 years by the month in which they occurred, we had some evidence in support of our theory that very many of these deaths are due to the diarrheal diseases, inasmuch as the curve begins to rise in May, reaches its peak in August, and drops again in October.

We believed it probable that flies play an important role in the dissemination of diarrhea. An experiment in sanitation has confirmed this impression. Atrisco is a fairly isolated village of 150 families. In the summer of 1937 the United States Public Health Service survey of dysentery in New Mexico found 28 cases of dysentery in the village and many carriers of the organisms causing this disease. There were 2 infant deaths during this epidemic.

Between that summer and the next, the Works Progress Administration Community Sanitation Project installed a sanitary pit privy for every family in Atrisco. Each family was instructed in the proper use and care of the privy. That the instruction is being put into practice is shown by the fact that the doors of the privies are kept shut and not left carelessly swinging open. The summer following the installation of the privies there were two cases of diarrhea in adults who had been to Albuquerque and whose history indicated that they had probably contracted the disease there. There were no other cases, and the number of carriers decreased.

Improved sanitation coupled with education of the people in the proper use of facilities seems to be the answer to the diarrhea problem in New Mexico.

Although much progress has been made by the Works Progress Administration Community Sanitation Project, there are still literally thousands of insanitary privies in the State. Thousands of families have no facilities at all. This situation will probably continue for a long time, since the cost of material for the building of a privy is approximately $20, a price which many of the people cannot afford. We recommend the installation of pit privies when it seems feasible, but emphasis is constantly laid on cleanliness and the elimination of flies from the environment.

The State Department of Public Health has two good motion-picture films on the fly as a carrier of disease, useful for group meetings in the larger communities where electricity is available. A recently acquired truck equipped with sound-film apparatus will make it possible to show the films to people in the smaller communities.

The local health department medical conferences for well babies teach the prevention of diarrhea through the doctor's guidance of the mother in feeding her baby; through his instructions regarding cleanliness; through his example in washing his hands before touching her baby; through the display of practical exhibit material and the distribution of appropriate literature.

All the public-health nurses on the staff of the State Department of Public Health visit mothers in their own homes. They appraise the home situation and suggest practical ways in which the mother can protect her family, especially the baby, in the everyday care she gives. Elimination of conditions that attract flies and of breeding places is urged. If it is not possible to screen the doors and windows, then the baby's bed (which may be made out of a cardboard carton) can be covered with an old veil, lace curtain, or piece of mosquito netting. The mother is shown how to dispose of excreta and garbage. If she uses wood for fuel, the ashes make a good substitute for chloride of lime to use in the privy. The laundering of the baby's diapers is carefully demonstrated. A lard bucket may have to take the place of the sanitary enamel pail for holding soiled diapers. When water is scarce, as it often is, it is suggested that the mother scald out the bucket with the hot water used to rinse the diapers.

Much effort is put into encouraging the mother to nurse her baby. In some communities, where the mother does not have a clock, it has been possible to help her keep a regular schedule, which is important in maintaining the supply of breast milk, by using the church and school bells as time pieces. Boiling utensils used in feeding the baby or giving him water is demonstrated, together with their storage in a place protected from flies. In case the mother takes the baby out and must carry his milk or drinking water in a bottle she is taught to cover the nipple with a piece of white cloth which has been boiled. She is urged to take boiled water with her whenever the baby is to be away from home even for a few hours; otherwise the temptation to allay his thirst with unboiled water may prove too great.

The washing of hands is demonstrated over and over again. Our nurses have discovered that the "pour method" of hand washing is not only the cleanest but also the most economical of water. A few of the nurses have shown mothers how to make fly traps or very inexpensive sticky fly paper (ingredients: castor oil and resin—a good use at last for castor oil!).

In some situations it is possible for the nurses to teach groups of mothers. In one county where there are several nurses a number of consecutive lessons on the prevention of diarrhea were given at the well-baby medical conferences last summer according to the following outline:

What is diarrhea?
How is diarrhea carried from one person to another?
How can we keep babies from having diarrhea?
What shall we do if diarrhea develops?

Posters made of pictures cut from magazines and bearing a message in Spanish or English stamped in large type were used as visual aids. The doctors conducting the conferences were invited to give brief talks to the mothers. Then the public-health nurse in charge encouraged the mothers to ask and answer questions and to tell what they themselves were doing to prevent diarrhea in their children.

A series of lessons in mothercraft is occasionally given by public-health nurses to groups of 'teen-age girls. The prevention of diarrhea has, of course, an important place in these lessons.

In some schools the public-health nurses have meetings with older pupils in the classroom. One of the subjects which they discuss is how boys and girls can help to protect their homes from flies.

Many rural schools in New Mexico have become interested in providing better toilet and hand-washing facilities for the children. A number of schools have obtained screened cabinets for storing the lunches brought to school. Teachers are helping the children to make the right use of these facilities and are teaching them the reasons why this is important.

The Farm Security Administration is cooperating in a practical way. They include in the plans for their clients the improvement of homes by the screening of doors and windows and the erection of sanitary privies. They sometimes call their clients together and invite the district sanitarians to talk about fly elimination.

There is no test by which we can measure the effectiveness of these various efforts to teach the prevention of diarrhea, but we are encouraged by the fact that our infant death rate is gradually coming down.

Clinic Service for Crippled Children

The Medical Social Worker in a State Crippled Children's Program

By Georgia Ball

Medical Social Consultant, Crippled Children's Division, U. S. Children's Bureau

Itinerant clinics in rural areas or permanent clinics in urban out-patient departments of hospitals afford the usual channel for diagnosis of crippling conditions. As the first point at which the child enters the environment of the agency, the clinic sets the stage for treatment.

Because the child who is in need of medical care in many instances has also social or psychological problems, State agencies are giving increased attention to providing ways and means of individualizing the treatment of each child. To help in reaching this objective for the child and his parents and to discover and deal with whatever social factors may be important in his medical care, medical social workers have been included in the clinic team. The practice of several State agencies points the way to an effective utilization of medical social services in this phase of a crippled children's program.

Medical social workers in these States interview patients and parents after the orthopedist's examination. The primary purposes of the interview are (1) to "sift" problems of attitude or environment, and (2) to take the initial steps in helping the patients or parents to overcome these problems if any exist. The interview becomes part of the diagnostic process of individualized treatment and may be thought of as a preventive social service.

Clinic Organization

The States which utilize medical social services in this manner had first to solve certain problems of organization. The first was the size of the clinics. When the State programs were begun clinics for 75 to 150 children were held in order that as many children as possible might be examined. The large proportion of new cases resulted in hurry and pressure to "run each child through," with little opportunity for discussion or consideration of the particular problems of the child. The tendency at present is toward holding smaller, more frequent clinics, with 20 to 50 children attending, as experience has indicated that greater long-term economy and improved quality of care result. Too, a larger number of children are return patients, requiring less time for examination. Under these circumstances there is time for the orthopedist to discuss with the parents the implications of his recommendations, a procedure which is not only of obvious advantage in itself, but which is a necessary foundation for the medical social services that follow.

Another question was that of parents' attendance at clinics. In the past when large numbers of children were being garnered from various communities for examination, the parents were left behind in many instances for lack of transportation. The value of their attendance, both to discuss the situation with the orthopedist and to share in the plans made for the child, likewise has been demonstrated, so that increasing emphasis is being placed on arrangements for the parents to accompany the child.

Other matters of importance in the clinic are order, space, and timing. Making the orthopedist's recommendations available to the medical social worker prior to her interview with patients or parents without the necessity for her to be present at the examination is one of the early matters of organization which has been solved. A stenographer may take the doctor's notes directly on the typewriter and send the record out from the examining room at once, or the recommendations may be taken in longhand so that they are immediately available to the medical social worker.

The imperative need for privacy in interviewing has also been demonstrated sufficiently well for plans to be made to provide a separate interview room in the hospital, school house, court house, or church. The rapid and concentrated application of case-work skills necessary in successful interviews has been furthered by shutting out from the patient's and worker's consciousness the distractions of the clinic. This improvement, also, obviously had to be made before the medical social worker could do her best work.

In well-organized clinics the parents accompany the children; they have had opportunity to discuss the recommendations with the orthopedist; his recommendations are available to the medical social worker immediately after the examination is made; and she has privacy for interviewing the parents or patients. The parent, or the patient if he is an older child, is usually shown from the dressing room to the interviewing room or cubicle by a volunteer who carries the record on which the recommendations have been written.

Social Problems Encountered

Parents may be fatigued from a long wait when they come to the medical social worker. If it is their first visit to a clinic they bear the strain of being in an unnatural setting and are likely to be confused by the various processes to which the child has been subjected. In their minds may be a welter of conflicting emotions. In a few instances when parents reach the social worker it will be found that they have a complete understanding of the doctor's recommendations and their own plans may be already formulated for carrying out the many details necessitated by the treatment. However, less mastery of the situation is encountered with the majority of parents. Ignorance, language handicap, lack of acquaintance with medical terms, inadequate time fully to digest the discussion, may have left the parents with incomplete understanding or actually with misunderstanding of what the doctor has said. Whatever their intellectual capacity, apprehension may be clouded by fear, shock, disbelief, uncertainty, disappointment, relief, or conflict with religious beliefs. Familiar to all of us is the experience of failing to listen to or understand the remainder of a discussion if some word, or some emotion called up by a sentence, carries the mind away, while to outward appearance the response is normally receptive. This seems to be especially true in relation to medical experiences. Hence, in many instances, some further interpretation of medical recommendations in the light of the patients' or parents' reactions may be necessary.

Frequently necessary also is aid in correlating treatment plans with the practical problems of everyday living. For example, the father of a child may be able to bring him to the hospital if admission can be arranged on a day when he can get away from work; the child may not rebel against treatment if it can be arranged during vacation; the mother may be able to provide adequate aftercare if treatment is arranged after the birth of the baby she is expecting. These are details which may influence the parents' and patients' reactions towards the recommendations. If these can be learned and plans for meeting them initiated at the time of the clinic visit they do not remain to cloud the decision of the parents and create unnecessary obstacles in their minds.

These matters, largely of management, make up the majority of social problems encountered at the clinic. Sprinkled among them, however, are the serious difficulties which, if undiscovered, may thwart the treatment plan or the ultimate goal of the child's adjustment. The mother who is advised to place her child in an institution on the ground that he is feebleminded; the mother who is advised that the half-grown daughter, on whom she has pinned her own desires for self-expression, will never be able to walk; the mother who believes in her own heart that by tying a red string around the child's wrist she can accomplish more than the surgeon and with less inconvenience; the mother who unconsciously wants release from the burden of the child's care and who hears the doctor advise home care instead of hospitalization as she had expected: these are some of the parents whose children may not profit from medical recommendations unless their reactions are discovered and appropriate measures undertaken. To sift such problems is one of the primary values of the interview, and the sifting is one of the processes which requires a specific professional skill.

Technique of the Interview

The rapidity with which the interviews have to be conducted necessitates a telescoping of the usual interviewing processes, which is successful only if the worker is experienced and has well-developed interviewing skills. Her knowledge of possible ramifications of similar diagnoses in varying social settings is a part of her equipment. To survey the probable meaning of the medical situation in the light of fragmentary social data that she is able to obtain; to follow significant clues without the waste of drawing out the individual on issues that are not pertinent; to separate real obstacles of environment from those voiced to cover deeper problems; to sketch in the total from the fragment: these requirements must be met if the "sifting" interview is to be successful.

The ability of the worker to conduct these interviews is predicated upon a good general knowledge of orthopedic conditions and specific knowledge of the condition of the child as stated by the orthopedist; knowledge of the treatment implications of the child's condition in terms of cost, time, procedures, and prognosis; education and experience in correlating medical and social situations; and a sensitive interviewing technique.

Interviews With Return Patients

In relation to return patients, the interview of the medical social worker has somewhat different purposes. The emphasis may change from service to the parents or patients to team play with the doctor in insuring satisfactory medical progress. It may serve merely to provide continuity of personal interest throughout the treatment process for the patients, or it may afford some opportunity for social treatment.

If the clinic record that accompanies the patient to the worker's room indicates that progress is not satisfactory and if the diagnosis is one in which social conditions are influential in that progress, reexamination of the social situation with emphasis on pertinent points can be made. For example, it may be found that the family situation is such that recommendations prescribing diet, bed rest, or appliances are not being carried out. Attitudes may have grown up, or have been undiscovered previously, which deter the patient's progress. Social treatment may have been begun during the child's hospitalization in which case the child's clinic visits afford opportunity for continued discussions or for maintenance of a relationship necessary to the treatment. For many reasons it is usually desirable for the medical social worker to see the parents of return patients, as well as those of new.

Postclinic Consultations and Conferences

Conferences with local workers which are held after the sessions of an itinerant clinic are thought of in many States as part of the medical social worker's clinic services. These conferences are possibly the most profitable of any form of consultation service.

In rural areas the opportunity serves for utilization of the dramatic interest aroused by the clinic to plan continued services to children. Nurses and welfare workers have reviewed their cases, volunteers have gone out to bring patients and parents in, women's groups may have cooked hot lunches, and in some areas everyone from the minister to the editor of the local newspaper is interested in crippled children at that time. Interpretation of children's needs and joint plans for the services to be given are particularly effective then. The county welfare worker, who has received the orthopedist's recommendations and has seen the child in a semimedical setting, is alert to the discussion of his care. The enthusiasm and fresh memory of all the personnel can be utilized at this point.

No less important than the community's heightened interest in the program at the time of the clinic are the interest and availability of the State and local staff for joint discussions of the children who have been seen. The postclinic conferences observed in some States seem to afford especially valuable opportunity for mutual exchange of findings and correlation of the various possible medical and social values to the child.

The orthopedist who thought that the parent was dissatisfied with the treatment of a spastic child may hear from the medical social worker that the mother is in reality trying to place the child elsewhere to avoid giving him further care. He may learn from the local welfare worker that the frightened and withdrawn child is mistreated at home.

The vocational-rehabilitation agent may learn from the orthopedist that the girl who wants training as a beautician will never be able to perform work that requires long hours on her feet and from the local nurse that the girl is needed at home temporarily to care for an ill mother.

Each member of the participating staff may profit from the knowledge of the others in making his own plans, and the plan of each tends to become a coordinated part of the whole.

Summer Courses in Maternity Nursing

University of California An institute on maternal and child hygiene will be offered to registered graduate nurses during the summer session at the University of California in Berkeley, July 1–20, 1940. It has been planned for 3 weeks only so that nurses employed by health departments may attend without causing inconvenience to their departments. Classes will be held from 9 a. m. to 1 p. m. daily.

The Department of Hygiene of the University of California through the Division of Nursing Education will direct the activities. Louise Zetzsche, supervisor of the Maternity Service of the Denver (Colo.) Visiting Nurse Association, will be the guest instructor. Dr. Ellen S. Stadtmuller, Chief of the Bureau of Child Hygiene, State Department of Public Health of California, and members of her staff will lecture on medical problems in maternal and infant hygiene.

Three units of credit will be granted for attendance and satisfactory completion of work. The fee for the institute is $17.50.

Catholic University of America A course on public-health nursing in maternal and child hygiene is offered at the Catholic University of America, Washington, D. C., as a regular part of the summer session, June 28–August 10. The instructor for the 1940 season is Elizabeth R. Ferguson, consultant in maternity and child hygiene, Maryland State Department of Health.

University of Minnesota A course in maternal and child hygiene, with Dr. Maysil Williams of North Dakota as instructor, is offered by the University of Minnesota as a part of its regular summer session.

Institute for Graduate and Postgraduate Dentistry

The dedication of the new W. K. Kellogg Foundation Institute for Graduate and Postgraduate Dentistry at the School of Dentistry, University of Michigan, took place April 3, 1940.

Among the courses offered, which are open to practicing dentists in Michigan and elsewhere, are 2-week courses, also courses given 1 day each week.

Journal of Michigan State Dental Society, March 1940, p. 81.

State and Territorial Health Officers

On May 9, 1940, the State and Territorial Health Officers met with the Public Health Service and on the morning of May 10, with the Children's Bureau. The conference discussed administrative problems of the maternal and child-health and crippled children's programs, including problems relating to the merit systems put into effect following the 1939 amendments to the Social Security Act.

On the afternoon of May 10 they were invited to attend the opening session of the American Scientific Congress.

Recent Tuberculosis Studies

Tuberculosis among young women The problem of tuberculosis among young women—the seriousness of which is indicated by the fact that the death rate from tuberculosis for young women between 15 and 25 is higher than for men of the same age or for older women—is discussed in two recent publications.

Tuberculosis Among Young Women, by Edna E. Nicholson (Social Research Series, No. 7, National Tuberculosis Association, 50 West Fiftieth St., New York, 1938, 67 pp.), is a combined and revised edition of two studies of tuberculosis mortality among young women made by Miss Nicholson several years ago in New York and Detroit and published as Social

Research Series, Nos. 1 and 4. The author concludes that although other factors may have some bearing, "the psychic and the physical changes of adolescence and early adult life cause young women to be unusually susceptible to tuberculosis and constitute the fundamental reasons for their high mortality rates."

Young married women with tuberculosis

The special obstacles facing young married women who have been discharged from tuberculosis sanatoria are set forth in an article by Holland Hudson, Young Married Women Patients (*Bulletin of the National Tuberculosis Association*, Vol. 25, No. 11, November 1939, pp. 169–170, 174–175). The author believes that some way must be found to teach these patients how to meet the demands of homemaking in such a way as to conserve their strength and prevent reactivation of the disease.

Protection of children exposed to tuberculosis in the home

In the *Milbank Memorial Fund Quarterly* for January 1940 (Vol. 18, No. 1), appears a paper by Jean Downes, Salient Points of Attack Against Tuberculosis, which gives data on the age incidence of active tuberculosis in Cattaraugus County, N. Y., during the period 1923–33, and the age curve of mortality from tuberculosis in the original registration area of the United States. In the Cattaraugus study deaths from tuberculosis were found to constitute a high proportion of the deaths from all causes among the offspring of a tuberculous parent. In view of the relatively great hazard of tuberculosis among family contacts—from 10 to 15 times as great as in the general population—it is recommended that individuals who have been exposed to infectious tuberculosis in the family should have the benefit of public-health supervision during infancy, during late adolescence, and through early adult life.

Age incidence in tuberculosis mortality

Wade Hampton Frost, in The Age Selection of Mortality From Tuberculosis in Successive Decades (*American Journal of Hygiene*, November 1939; reprinted in *Milbank Memorial Fund Quarterly*, January 1940) interprets the curve of mortality from tuberculosis at successive ages as indicating that the present day "peak" of mortality in late life does not represent postponement of maximum risk to a later period, but rather that the present high rates in old age are the residuals of higher rates in earlier life, since the frequency and extent of exposure to infection have decreased progressively decade by decade.

BOOK NOTES

We, the Parents, by Sidonie Matsner Gruenberg. Harper & Bros., New York, 1939. 269 pp. $2.50.

Mrs. Gruenberg discusses in her most recent book many of the questions that confront the modern parent. The book carries the reader through the periods of infancy, childhood, and adolescence and closes with a discussion of early adult life.

The merits of a regular schedule for an infant are mentioned, but emphasis is placed also on the need for a common-sense approach and an appreciation of the underlying needs of each infant. Training the infant for bowel and bladder control is discussed in the light of newer knowledge of the maturation rate of infants. Much emphasis is placed on the atmosphere of the home and the relationship between the mother and father and between the parents and children. Problems of discipline and authority are directly related to the home environment. Punishment is discussed, and an understanding approach to children is presented by which many punishments may be avoided.

Children differ very much from one another, and parents need to make an effort to understand each child and appreciate his needs in the light of his capacities. Too much stress must not be placed on any single measure of a child's capacities, such as the intelligence quotient. It is difficult for many parents to reconcile the concept of freedom and tolerance for the individuality of each child with the idea of instilling a respect for the "cardinal virtues." Mrs. Gruenberg believes that parents have an obligation to foster characteristics such as honor, loyalty, and truthfulness in their children. She suggests:

> We have to let the erring child know that we are aware of what he has done but without making him feel that he has been damned for

> life. The child needs sympathy that assures him, not so much of forgiveness, as of understanding. It is not a question of condoning and overlooking errors but of helping the child use them for his own growth. The parent's tact shows itself in overlooking some blunders, treating others casually and lightly, and using still others as stepping stones for the child's own advance in self-understanding and self-control. We have to make the child feel, not tell him, that our efforts come from our affection and enduring confidence, not from our resentments or annoyance.

A chapter on sex education is included in which are discussed curiosity, ways of giving information, language, parents' anxieties about sex matters, and sex interest in the child and in the adolescent. Other sections in this chapter deal with homosexuality, crushes, parental jealousies, and chastity and ideals.

The use of money is discussed in a separate chapter. Reading, radio, and movies are considered at some length. One chapter is devoted to the relation of school and home.

In the last two chapters, Toward Adulthood and Parents Are People, many difficult parental problems are discussed.

We, the Parents, has been given the award of *Parents' Magazine* as "the book of the year for parents."

D. V. W.

WHY BABIES? by Rachel Violette Campbell. Macmillan Co., New York, 1939. 163 pp. $2.

Rachel Campbell has had four babies. She has written a book to tell how much she has enjoyed these babies. For herself she prefers babies, home, and domesticity to the newspaper work in which she was engaged formerly.

In her book she discusses many aspects of the problem of having babies. She begins with the time before the first baby comes and gives suggestions, both material and psychologic, concerning the preparation of the mother and also the father for the coming child. The period of early infancy is dealt with in detail, and many suggestions are offered concerning the handling of such matters as diapers, baths, food, and eating habits.

POLIOMYELITIS IN THE CITY OF MELBOURNE, 1937–1938, by Hilda W. Bull, Dr. P. H. Health Committee of Melbourne City Council, Australia, 1939. 56 pp.

The most severe epidemic of poliomyelitis that has ever occurred in the State of Victoria, Australia, began in July 1937 and reached its peak by the end of August. This survey, made under the direction of the Medical Officer of Health of the City of Melbourne, covers the epidemic in Melbourne only. Between August 1937 and March 1938 there were 174 reported cases of poliomyelitis in Melbourne, a city with a population of 92,000.

The greatest number of cases were recorded in August and September, which are late winter months in Australia. This is probably the most remarkable feature of the epidemic, since winter outbreaks of poliomyelitis in epidemic form are very rare.

The epidemic began in a suburb of Melbourne and spread with great rapidity. The most obvious focus was the out-patient department of the Children's Hospital, where the child who developed the first case in Melbourne had been in close contact with 10 children, several of whom developed abortive cases.

Eighty-two percent of the reported cases involved children under 10 years of age and 42 percent, under 5 years. Fifty-six percent of the patients were males and 44 percent, females. There were 12 deaths. There was a high incidence of bulbopontine and upper-spinal paralysis. Multiple infection in families was higher than usual, occurring in 8.6 percent of the families.

Only cases developing paralysis were reported officially, but 199 abortive cases are discussed.

Various cases are described, both paralytic and abortive, in order to bring out the point that human contact is the important mode of spread of the disease.

S. S. D.

WAYS TO COMMUNITY HEALTH EDUCATION, by Ira V. Hiscock et al. Commonwealth Fund, New York, 1939. 306 pp. $3.

Information, suggestions, and sources of materials to meet the recognized need for special preparation in the art and science of public-health education are offered in this volume. The book is concerned primarily with community-wide efforts to build up the understanding of the whole population and to stimulate individuals and groups of citizens to specific action for the promotion of their own and their community's health.

The authors state that community health education has varied aspects, including health teaching of children in schools, improvement of the health habits and attitudes of the average citizen, and even the professional training of physicians, dentists, and nurses so far as these are concerned with the public health. In order that the program may reach its greatest effectiveness all related agencies, official, nonofficial, and professional, must cooperate.

Following the discussion of the various phases of a community service for health education, there is a description of the organization and operation of a program in a middle-sized city. Numerous references are given at the end of each of the 14 chapters, and in the appendixes are given sources of material for public-health education and suggestions in regard to printing.

C. E. H.

EMPLOYMENT PROBLEMS OF MINORS

Guidance of Youth Through NYA Projects in North Carolina

By Mary G. Shotwell

Director, Division of Employment, NYA for North Carolina

THE work program of the National Youth Administration is essentially a form of guidance through work experience. This work experience helps young people applying for jobs to meet the objection of many employers to hiring young workers who have had no previous experience.

The selection of the youth for assignment to a work project of the NYA is of great importance. In planning for the assignment to work projects certain guidance principles are considered:

1. Is the work suitable to his interests and abilities?
2. Does it provide opportunity for new experience and training?
3. Does it provide possibilities beyond the present job?
4. Does the youth realize the need of developing good work habits?
5. Does the present work project aid him in developing these habits?

Every possible aid is given to help an individual orient himself. The work on the project offers an opportunity for new experiences and self-discovery.

During the fiscal year 1939–40 an average of 10,000 boys and girls have worked on the NYA program in North Carolina. There are two types of projects: Local projects on which youths work during the day and return to their homes at night; and the resident centers where they live and work on the project.

On the local projects the type of work has covered training in homemaking, domestic service, waitress work, weaving, and handicraft for the girls and the making of furniture and pottery, construction of buildings, landscaping, and agriculture for the boys. There is a sponsor for each project who furnishes a building and materials for the work. Public agencies, such as boards of county commissioners, public schools, boards of health, and departments of public welfare, are sponsors for the projects.

The work done on the sponsor's time does not belong to the youth, and the products can be used only by the sponsor. In many instances the young people are so interested in what they are doing that they return to the project after working hours in order to make something for themselves. Recently on one of the projects a boy cut a large cedar tree and had it sawed into lumber for use in making furniture for his home. He made a cedar chest and a combination desk and bookshelf and was happy in the fact that he had made such beautiful pieces of furniture.

There are 17 resident training centers distributed throughout the State, 5 of which are for Negro boys and girls, 1 for Indians, and 11 for white youths. The centers not only develop skills but teach the young people to work together and to live cooperatively. The youths receive their room and board and $12 a month, which defrays personal expenses.

Each center is sponsored by some public agency and is attempting to do a special type of work:

Bricks Training Center for Negro boys and girls is located in an agricultural community, and the boys are trained in general farm work and the care of livestock. They cultivate about 100 acres of farm land for the sponsor. The occupational experience offered to the girls is in homemaking, including sewing, cooking, gardening, and canning.

At the Hickory Grove Center white boys are constructing a vocational-school building and receive training in carpentry and bricklaying. Training in auto mechanics is also offered, and many boys are taking advantage of this work-experience opportunity.

The Sardis Resident Center for white girls offers training in dress designing, sewing, budgeting, marketing, cooking, and salesmanship. A health course which covers general instruction in home, bedside, and invalid nursing is also given. The salesmanship class, in addition to teaching the girls the values of buying and selling, includes a comprehensive course in consumers' education and the budgeting of income to take care of personal needs. Improvement in personality and poise is encouraged and emphasized.

The trainees in the business course at Greensboro Resident Center are required to take dictation and to typewrite at moderate speed. The purpose of this center is to give work experience in order to meet the requirements that many employers make regarding experience. The youths are placed in many of the public offices in the city of Greensboro and get actual work experience. Through the facilities of the Woman's College of the University of North Carolina the girls receive instruction in the type of work in which they are engaged. Other courses in the field of home economics and recreation are open to them. Several girls have received excellent positions in private employment as a result of their training at this center.

All the centers have student government, and the rules and regulations governing the centers are made by the judicial board of the student council and approved by the supervisor. They hold meetings once a week and adjust any problems which may arise. The young people are assuming responsibility and developing in leadership.

In order to measure what progress an individual is making on a project the foreman who works directly with the youth makes frequent reports on his work. If the training and work experience of the youth are satisfactory he is required to visit the State Employment Service so that he may be considered for employment when an opening occurs. If the youth does not make satisfactory progress, he is transferred to another project in line with his interests and abilities.

The importance of doing the job right, being on time, and working well with other people are valuable lessons for young people to learn. They develop through work experience good work habits and a sense of responsibility.

Minimum-Wage Rates for Sugar-Beet Workers Announced

The Sugar Division of the United States Department of Agriculture has announced a continuation of the 1939 basic minimum rates to be paid laborers in the production, cultivation, or harvesting of the 1940 sugar-beet crop by producers in the continental sugar-beet area who make application for payments under the Sugar Act of 1937.

The act requires, as one of the conditions of payments, that all persons employed on a farm in the production, cultivation, or harvesting of sugar beets be paid in full for such work at rates not less than those determined by the Secretary of Agriculture, after investigation and public hearing, to be fair and reasonable.

Hawaii Designated Under Fair Labor Standards Act

On April 12 Hawaii was designated by the Chief of the Children's Bureau, United States Department of Labor, for acceptance of Territorial certificates of age under the Fair Labor Standards Act. The Territorial certificates, provided for under the recently enacted child-labor law of Hawaii, are being made available through the cooperation of the Territorial Department of Labor and Industrial Relations. Charles Savage is the director of the department in Hawaii.

The designation of Hawaii marks the first extension of the age-certificate provisions of the Fair Labor Standards Act to Territorial jurisdictions and brings the total number of designations to 44.

Federal Certificates of Age in Texas

Since April 15 Federal certificates of age for minors have been issued in Texas to employers engaged in the production of goods which are shipped in interstate or foreign commerce. These certificates, showing the age of the minor, will protect employers from unintentional violation of the child-labor provisions of the Fair Labor Standards Act of 1938. Texas had been operating under a temporary child-labor regulation, which provides that in States where certificates of age are not available birth certificates or baptismal records will be accepted as certificates.

The Children's Bureau has opened a Texas office at 404 Old Post Office Building, Austin, where Federal certificates are issued. The cooperation of State and local officials has been obtained to make these certificates of age available throughout the State.

BOOK NOTES

National Youth Administration studies Occupational studies recently received from State offices of the National Youth Administration include the following:

Livestock Industry in Wyoming, by C. W. Skinner. National Youth Administration for Wyoming, 600 East Twenty-fifth St., Cheyenne, 1939. 115 pp.

Structural Steel Workers (revised). National Youth Administration of Illinois, Merchandise Mart, Chicago, December 1939. 39 pp.

The Canning Industry in Ohio, by Mary J. Drucker. Study No. 4, National Youth Administration in Ohio, May 1939. 77 pp.

The Textile Industry in South Carolina. National Youth Administration for South Carolina, November 1939. 103 pp. plus appendix.

Women's Bureau bulletins Recent bulletins issued by the Women's Bureau of the United States Department of Labor, Washington, D. C., include:

Job Histories of Women Workers at the Summer Schools 1931–34 and 1938 (Bulletin No. 174, 1939; 25 pp.). This presents the industrial background and experience of some 700 women who attended the various summer schools for workers in 1931–34 and in 1938.

Hours and Earnings in Certain Men's-Wear Industries (Bulletin No. 163–6, 1939; 22 pp.). The industries covered are caps and cloth hats, neckwear, work and knit gloves, and handkerchiefs.

Standards for Employment of Women in Industry (Bulletin No. 173, 1939; 8 pp.).

WELFARE OF FAMILIES OF SUGAR-BEET LABORERS; a study of child labor and its relation to family work, income, and living conditions in 1935, by Elizabeth S. Johnson. Children's Bureau Publication No. 247, Washington, 1939. 100 pp.

The gravity of the problems faced by field workers in the sugar-beet industry is made apparent by the factual findings of this survey, the second conducted by the Children's Bureau of conditions among children in the families of sugar-beet workers. The first study, Child Labor and the Work of Mothers in the Beet Fields of Colorado and Michigan, was made in 1920.

The present study is based on interviews with 946 families of sugar-beet laborers in Michigan, Minnesota, Colorado, Nebraska, Wyoming, and Montana. It covers the fall and winter of 1935, the first year in which labor provisions were included in the production-control contracts under the sugar-beet benefit program authorized by the Jones-Costigan Act.

In the families interviewed, 670 children between 6 and 16 years of age were reported as working in the beet fields. Of these children 280 were known to be under 14 years of age—about 19 percent of all children between 6 and 14 in the families. In 1934, however, prior to the establishment of the 14-year minimum age under the contracts, about 43 percent of the children in this age group had been working, according to the information obtained from the families.

Family earnings for beet labor were found to be very low. The average income from beets for the entire season was $340 per family for 374 families supplying this information. Most of the families obtained a little supplementary work and income, but this amounted to an average of only $51 in the course of the year, exclusive of relief. Support from relief funds was received by 63 percent of the families interviewed.

"Along with meager family incomes and the frequent need for assistance from relief agencies went poor living conditions involving inadequate diet, insufficient clothing, poor housing, and lack of needed medical service for most of the families." Their dwellings were frequently in poor repair and were usually overcrowded.

TREND OF CHILD LABOR, 1937 TO 1939. Reprinted from *Monthly Labor Review*, Vol. 50, No. 1 (January, 1940). Single copies available while the supply lasts from U. S. Children's Bureau, Washington, 1940. 17 pp.

Employment certificates were issued for more than 7,000 children 14 and 15 years of age and more than 75,000 young workers 16 and 17 years of age in the States and cities reporting to the Children's Bureau in 1938. This area comprises almost 60 percent of the total population of the United States.

The decrease from 1937 to 1938 in the number of certificates issued for children under 16 corresponded roughly to the downward trend in nonagricultural employment throughout the country; the fact that this decrease continued during the first half of 1939, contrary to the upward employment trend of that period, is attributed primarily to the effect of the Fair Labor Standards Act of 1938, which drastically restricted employment of children under 16 in industries producing goods for shipment in interstate commerce.

The discussion covers the number of children for whom regular certificates were issued, the number for whom certificates for work during vacation and outside school hours were issued, the sex distribution of the children, their schooling, and the occupations they entered.

In the reprint supplementary material, not included in the original article, is given on the evidence of age required for certificates. This shows that more than 60 percent of the certificates issued were based on the evidence of birth certificates—the most reliable kind of age proof. A concluding section on future developments in the reporting system has also been added.

MIGRATION AND SOCIAL WELFARE; an approach to the problem of the non-settled person in the community, by Philip E. Ryan. Russell Sage Foundation, New York, 1940. 114 pp. 50 cents.

A careful analysis of the sources and causes of migration and of the social effects of inadequate welfare provision for the nonsettled person in the community is made in this brief survey. It outlines the more important community problems that develop in connection with migration and the programs and proposals of interested groups to meet these problems. The main focus of the report, however, is toward a realization that migration is a problem which challenges national attention and which requires a Nation-wide coordinated approach on all levels of government and between governmental and private agencies.

Although the monograph is stated to constitute only an "approach" to the subject under discussion, it outlines the bases on which any final solutions must be grounded. It concludes with the following statement of policy on government planning:

> With the establishment of Federal responsibility for coordinated, long-range planning toward a national policy for migration, an imperative first step will have been taken. To assist in these developments, the focusing of private interest through some such organization as the former Council on Interstate Migration is also necessary. Bringing the public and private agency groups together for joint planning would eventually result in benefit to all concerned—the migrant, the community, and the Nation as a whole.

The study contains a useful topical bibliography on interstate migration.

The author was executive secretary of the Council on Interstate Migration until its dissolution late in 1939, and the study was made on special commission from the Social Work Year Book Department of the Russell Sage Foundation.

SOCIAL WELFARE OF CHILDREN

Foster-Home Finding in a Florida County

By a Child-Welfare Worker

In rural counties where there have been few child-welfare services a new child-welfare worker must develop her own resources. This means in many instances the raising of funds for general relief and boarding care. One of the most important needs is for foster homes, for either temporary or long-time care of children. In a community where this type of service has not been known an intensive home-finding program may be necessary. The need for boarding-home care must often be interpreted, and the doubts of prospective foster parents concerning the health and behavior of the children who are to be placed by the worker must be allayed.

In the community on which this report is based nothing was known of boarding-home care until 2½ years ago, when the present foster-home program went into effect. A number of methods for foster-home finding have been necessary.

By far the most valuable assistance in finding good foster homes has come from foster mothers themselves. From their understanding of the program and from their experience with the things involved in taking a foster child they are able to judge the possibilities of their friends as foster parents and to refer the agency to people interested.

Any form of publicity concerning the agency's program usually brings foster-home applications. These must be carefully weeded out. Letters received as a result of newspaper publicity are quite likely to close with statements such as, "Let me know when to come for the child," or "Just send him on the bus and let me know when to meet him." In considering the total number of homes accepted the agency finds that this type of publicity has not been particularly valuable so far as the finding of good foster homes is concerned. This is doubtless due in great part to the fact that newspaper articles do not afford opportunity for detailed explanation of standards and requirements.

Good foster homes, on the other hand, have been found as the result of talks before parent-teacher-association meetings, women's clubs, and various church groups. In this type of publicity standards can be set forth in some detail, and prospective foster parents are better able to consider what their home can offer a child and what the child can mean to them.

A few referrals have come from other agencies in the community, such as the district board of social welfare and the juvenile court.

Another source is the personal application of the prospective foster mother. The agency has had several of these. A woman may know a family who has one of the agency's children, but instead of going to that family she comes to the agency to learn about the foster-home program. Or she may have known of a similar program elsewhere. One of the agency's best foster homes is that of foster parents who had had several years' experience in the same work in another State. They moved to Florida, and the foster mother immediately applied to the agency for children to care for.

Most of the people who desire to take children into their homes understand the value of a home study. They realize that by knowing as much as possible about the home, the agency can place a child there who seems particularly fitted for that home, so that both the child and the foster family derive the greatest benefit. Foster parents gladly accept supervision by the agency and have shown a great deal of cooperation in working out problems affecting the children.

Foster parents have various reasons for taking children into their homes. Probably the most frequent reason is the desire for companionship for their own children. All foster parents so far approved by the agency have one or more children of their own; very few childless couples have made application. Other interests are the love of working with children and the foster parents' desire to see what success they can have in helping a child overcome certain problems. These are usually people who have had a good deal of previous experience with children, and they accept the problems affecting them as a challenge. Then there is the desire for a small child in the home where the children are almost grown. One foster mother is interested in taking two children from the same family, because she and her brother were separated when they were children and she has always regretted it. Another foster mother is interested because for several years she wanted to adopt a small child but was always prevented from doing so by her family and relatives. Now her only child is grown, and she is finding a great deal of satisfaction in offering her home as a foster home.

A few years ago, before the present program was begun, it probably would not have been possible to find a foster home of the right sort for a girl like Marie, who has been something of a problem to the child-welfare worker.

Marie is a 13-year-old girl who has been helped by foster-home care under the supervision of the child-welfare center. Her father died of tuberculosis several years ago. Her mother, who always had many "boy friends," spent her time wandering about the country. Usually Marie and her younger brother were taken along on these trips. They never knew what it meant to have a home of their own.

Finally, from New York, Marie took it upon herself to write former neighbors in Florida asking if she could come to live with them. They agreed, and Marie came to their home. She has relatives in the town, relatives with court and jail records, relatives of whom no one could be very proud. In dealing with some of them the juvenile court found that the home in which Marie lived was one of extremely low economic standards and that Marie was not getting school lunches and was without proper clothing. The child-welfare center was asked to assist with this situation. Upon investigation it was found not only that Marie was not getting enough to eat and not having proper clothing, but that she was living in a home where there was an adult with active tuberculosis. Plans were then made to place her in a boarding home. The mother, who came to Florida when notified of this by relatives, interfered as she had done on previous occasions when an agency tried to take a hand. She wanted to take Marie back to New York. This time the juvenile court stepped in, took custody, and Marie was placed in a foster home under the supervision of the child-welfare center.

At first Marie ate all the food she could get her hands on and made herself sick. She was amazed that all the food in the refrigerator did not have to be eaten at one time but that there would be enough left for another meal or another day. She was brought to the center to try on shoes. She tried on a pair which were obviously too small. Nothing could make her take those shoes off to try another pair, so great was her fear that none would fit and thus she would not be given shoes. The shoes that were finally selected were carefully cherished, removed on her return from school, polished, and wrapped in tissue paper.

When school opened it was found that Marie was having a struggle with arithmetic. It was feared that she would object to being placed in a lower grade for this subject, but the foster mother has been able to make her see the advisability of such a plan. She is now working hard at fifth-grade arithmetic and is doing seventh-grade work in her other subjects. She has made a good adjustment at school as well as in the foster home.

The foster family and their relatives are extremely interested in Marie. They have been able to give her a feeling of security and of "belonging" that she had never known. Her worry now is for her younger brother who lives with his grandfather and who is not having so happy a life as she is.

Mentally Defective Children

Proceedings and Addresses of the Sixty-Third Annual Meeting of the American Association on Mental Deficiency, held in Chicago in May 1939, contains several papers of special interest to persons dealing with the problems of mentally defective children (*Journal of Psycho-Asthenics* for 1939, Vol. 44, Nos. 1 and 2).

A Comparative Study of Institutionalized and Noninstitutionalized Subnormal Girls, by Dr. Kinder and Dr. Abel, discusses the differences in social attitudes of two groups of 10 girls each, one from the Trade Extension Classes of the Manhattan Industrial High School for the Women's Garment Trades and one composed of girls who had been inmates of Letchworth Village for 6 or more years. All the girls came originally from a metropolitan New York environment, were between 17 and 19 years of age, and had intelligence quotients between 50 and 65.

Social Status of Foster Families Engaged in Community Care and Training of Mentally Deficient Children, by Myra W. Kuenzel, psychologist for the Children's Home of Cincinnati, describes 42 foster homes in which 82 mentally deficient children were boarded. Slightly more than half of the 42 homes were in the city; all but one of the 10 homes used for colored children were in the city. The average chronological age of the children was 11.8 years, although children from 2 to 20 years of age were included. Children of all mental levels, even bed cases, were cared for.

Present Needs in the Care of Mental Defectives in New York City, by Edward J. Humphreys, M. D., and Marion McBee, is a report of the data submitted to a subcommittee of the New York City Committee on Mental Hygiene and the Mental Hygiene Section of the Welfare Council on 436 children scheduled for commitment to institutions for the feebleminded; 532 children with intelligence quotients under 90, known to the Children's Division of the New York City Department of Welfare; 11,800 children in the ungraded classes under the New York City Board of Education; 385 children with intelligience quotients of less than 80 who came to the attention of the mental-hygiene clinic of the Court of Domestic Relations; and information from the State schools for defectives and from correctional institutions.

Attention is called to the great need for increased provision for clinical service, as well as for expanded educational and training programs, and for closer integration of psychiatric, psychological, social-work, and educational programs of State institutions and community agencies.

Among other papers included in the proceedings are 4–H Clubs for Mental Defectives, by Dorothy A. Pollock, a description of the use and value of 4–H Club work for feeble-minded girls under the care of the State School at Newark, N. Y.; and The Conditioned–Habit Treatment of Nocturnal Enuretics, by Dr. Joseph R. Deacon, a description of the method used in preventing enuresis at the Training School at Vineland, N. J., which may be helpful to persons dealing with this same problem among normal as well as subnormal children.

M. R. C.

Teaching the New York World's Fair of 1940

For the purpose of bringing into sharp and definite focus the exhibits of art and modern architecture, child welfare, youth activities, the functions of government, and the application of science to industry, the New York World's Fair is issuing a series of six leaflets: A general introduction; science at the Fair; exhibits for the elementary school child; social studies at the Fair; art at the Fair; and food, decoration, and new products.

Teachers and school administrators may obtain copies of these leaflets by writing to the Department of Public Education, New York World's Fair.

BOOK NOTES

JUSTICE AND THE CHILD IN NEW JERSEY. Report of the New Jersey Juvenile Delinquency Commission, Trenton, November 1939. 262 pp.

In this, its final report, the New Jersey Juvenile Delinquency Commission traces the development of New Jersey's basic policy in dealing with delinquency problems and evaluates that policy. It measures, so far as delinquency problems are susceptible to measurement, the extent, nature, and causes of delinquency and analyzes the current operation of the instruments on which the State relies to carry out its basic policy, appraising the strength and weakness of these instrumentalities.

Through the findings of this research the Commission reached certain general conclusions that served as a basis for a series of recommendations relating to: The establishment of a State children's commission to coordinate the operations of certain State departments as they relate to the problems of young people and as they cooperate with local agencies concerned with delinquency control; the establishment of county or municipal children's bureaus; the establishment of a State child-study institute; constitutional sanction for progressive methods of handling juvenile delinquency; the care of offenders 16 to 20 years of age; modifications of juvenile-court procedure; adjustments of the education act; and improvement of the probation and parole services and system.

The body of the report includes historical discussion of the differentiation between the treatment of juvenile and of adult offenders in the United States generally and particularly in New Jersey; case histories and statistical data regarding delinquency in New Jersey; and discussions of the causes of delinquency and of the work of the school, the police, the juvenile court, probation and parole services, and institutions, as well as community experiments in preventing and controlling delinquency.

In the appendixes will be found a statement of the administrative and enabling legislation affecting the Juvenile Delinquency Commission, statistical data derived from the records of juvenile courts and police departments and from a survey of institutional inmates, and a selected bibliography.

FROM BUILDING TO NEIGHBORHOOD—A MANUAL ON THE DECENTRALIZATION OF GROUP WORK, by Abel J. Gregg and Charlotte Himber. Association Press, 347 Madison Avenue, New York, 1938. 60 pp. 50 cents.

During recent years some Young Men's Christian Associations have decentralized their activities and club programs for boys in neighborhoods or communities rather than centering their boys' work in one building. This pamphlet is the result of a study by the Boys' Work Department of the National Council of the Y. M. C. A. and presents current practices of local associations in decentralizing boys' work programs.

Abel Gregg and Mrs. Charlotte Himber discuss briefly such pertinent points as the philosophy of decentralized work, policies as they relate to the central board, committees, group leadership and supervision, membership, financing, and interclub councils.

Material is presented from reports by local secretaries on the methods used to develop neighborhood understanding and support, especially as they relate to parents and churches. There are, also, valuable implications in this manual for the field of group work and its relation to the prevention of delinquency. Emphasis is laid on natural and close environmental factors, especially the family, the neighborhood play group, and the public school, as channels of influence in the boy's group experience. The decentralized program allows greater flexibility in approach to the actual needs and interests of boys as seen by them, their parents, and the communities in which they live.

THE NEGRO IMMIGRANT; his background, characteristics, and social adjustment, 1899-1937, by Ira De A. Reid, Ph.D. Columbia University Press, New York. 1939. 261 pp. $3.50.

Although the present foreign-born Negro population in the United States numbers approximately 100,000 persons, the modern aspects of Negro immigration have received only passing attention in immigation literature, and "statistical data on the Negro foreign-born and immigrant populations are scattered, diverse, and from the viewpoint of validity almost nonexistent," points out Dr. Reid, who spent 10 years in developing a coherent body of knowledge of the subject as the basis for this volume.

The bulk of Negro immigration is from the islands of the West Indies, with males of working age predominating. For the most part the men become industrial workers and the women, domestic servants. Since 1924 the percentage of persons under 16 years of age admitted has steadily mounted, forming from 15 to 29 percent of all Negro immigrants admitted annually between 1926 and 1932. Practically all Negroes admitted during recent years are literate and speak English although often with a distinctly foreign accent.

As often happens among children of foreign-born parents, the child of foreign-born Negroes finds difficulty in adjusting family traditions of behavior and culture to his new environment—"his language is a fascinating mixture of 'rather' and 'okie-doke.' ". In addition he has the consciousness of being a Negro.

PRINCIPLES OF CHILD CARE IN INSTITUTIONS; a handbook for staff study and discussion, edited by Esther McClain and Jessie Charters. Ohio Committee on Children's Institutions, Columbus, 1939. 297 pp.

This handbook was prepared by the Ohio Committee on Children's Institutions in cooperation with the Division of Public Assistance of the State Department of Public Welfare for study and discussion by institution staffs. It fills a long-felt need as a basis for inservice training of staff members.

It is composed of 30 chapters contributed by persons of long experience in children's institutions and related agencies. Each chapter is followed by questions and lesson assignments which may be prepared by individual members of the staff. Not only are the particular problems connected with the institution and its responsibility to the child under its care discussed, but the return of the child to his family and placement in foster homes have also received attention.

Special mention should be made of the chapters dealing with the child and esthetic experience, money experience for children, and individualizing a child.

A brief list of useful books and pamphlets for reference reading by staff members is included.

HANDBOOK OF AMERICAN INSTITUTIONS FOR DELINQUENT JUVENILES. First edition. Volume 2, Kentucky—Tennessee, 1940. Osborne Association, 114 East Thirtieth Street, New York, 1940. 293 pp.

Volume 2 of the Handbook of American Institutions for Delinquent Juveniles is now available, covering the Kentucky Houses of Reform, Greendale; the Louisville and Jefferson County Children's Home (Ormsby Village), Anchorage; the State Training and Agricultural School for Boys, Nashville; the State Training and Agricultural School for Colored Boys, Pikeville; the Vocational School for Girls, Tullahoma; and the Tennessee Vocational School for Colored Girls, Nashville. There is a general introduction, and each of the six institutions is described in detail in a separate chapter.

THE SOCIOLOGY OF CHILDHOOD, by Francis J. Brown. Prentice-Hall, New York. 1939. 498 pp. $2.25.

Although written primarily as a textbook for courses in educational sociology this book has significance, the author believes, for parents, social and religious workers, and all others interested in the wholesome social adjustment of childhood to the complex environment of modern life. Believing that there is an increasing necessity for the better understanding of the social forces and social processes that to a large extent determine the behavior, attitudes, and ideals of the normal individual, the author has limited his field to that of the normal child.

The major portion of the book is devoted to an analysis of the social processes and how they affect the life of the child. The specific situations presented include the family, the play group, the school, noncommercial and commercial recreation, the State, and the church.

MEETING THE NEEDS OF THE MENTALLY RETARDED. Bulletin No. 420, Pennsylvania Department of Public Instruction, Harrisburg, Pa. 1939.

This bulletin was prepared by the staff of the Division of Special Education and published by the Pennsylvania Department of Public Instruction. In addition to detailed information about the procedure in establishing classes for the mentally retarded, standards for such classes are discussed, together with the organization and methods for their conduct.

A comprehensive bibliography relating to mentally retarded persons is given in the appendix.

TRENDS IN CRIME TREATMENT; 1939 Yearbook, National Probation Association, edited by Marjorie Bell. National Probation Association, 50 West Fiftieth Street, New York, 1939. 372 pp.

Described in the foreword as a symposium of progressive thought and practice toward solution of the problem of crime and its younger brother, delinquency, this yearbook of the National Probation Association includes primarily papers given at the conference held in Buffalo, June 16–20, 1939, grouped under the following headings: Checking Early Symptoms of Crime; Changing Delinquent Attitudes; Detention Techniques; the Juvenile Court in Transition; Probation Statistics; Probation Administration; Probation and Parole Progress; Crime and the Public; Legal Digest.

The first section deals with community responsibility for preventing the development of delinquency and includes a group of papers in which are discussed the role of the police, the private agency, and the school in crime prevention, together with a paper on adequate care for defective delinquents.

In the section, Changing Delinquent Attitudes, Harry Manuel Shulman of New York discusses individual treatment of the delinquent within group activity, placing special emphasis on its application to the field of probation.

The papers on the subject of detention techniques include a description of the use of boarding homes for detention in Erie County, N. Y., by Marjorie Lenz, of Buffalo, and a description of the clinical work at the detention home in Allegheny County, Pa., by John Chornyak, M. D., of Pittsburgh.

Wider Jurisdiction for the Juvenile Courts, by Judge Atwell Westwick, of Santa Barbara, Calif., deals with questions pertaining to age jurisdiction, domestic-relations courts, and continuity of jurisdiction. The Future of the Juvenile Court as a Case-Work Agency, by Alice Scott Nutt, of the Children's Bureau, is also included.

EVENTS OF CURRENT INTEREST

CONFERENCE CALENDAR

May 20–23	Boys' Clubs of America. Thirty-fourth annual meeting, Boston. Permanent headquarters: 381 Fourth Ave., New York.
May 20–25	General Federation of Women's Clubs. Council meeting, Milwaukee, Wis.
May 24–29	National Probation Association. Annual conference, Grand Rapids, Mich.
May 26–June 1	National Conference of Social Work. Sixty-seventh annual session, Grand Rapids, Mich.
May 26–June 1	American Library Association. Sixty-second annual conference, Cincinnati, Ohio.
June 3–6	National Tuberculosis Association. Thirty-sixth annual meeting, Cleveland, Ohio.
June 7	American Heart Association. Sixteenth scientific meeting, New York. Permanent headquarters: 50 West Fiftieth St., New York.
June 10–14	American Medical Association. Ninety-first annual session, New York. Permanent headquarters: 535 North Dearborn St., Chicago.
June 17–19	American Gynecological Society. Seigniory Club, Montebello, Quebec, Canada. Secretary: Richard W. TeLinde, 11 East Chase Street, Baltimore, Md.
June 23–27	American Home Economics Association. Thirty-third annual meeting, Cleveland, Ohio. Permanent headquarters: Mills Bldg., Washington.
June 30–July 4	National Education Association. Seventy-eighth annual convention, Milwaukee, Wis. Information: National Education Association, 1201 Sixteenth Street NW., Washington.
Aug. 12–16	National Medical Association. Forty-sixth annual convention, Houston, Tex. General secretary: John T. Givens, M. D., 1108 Church St., Norfolk, Va.
Sept. 2–5	American Association for Applied Psychology. Fourth annual meeting, Pennsylvania State College, State College, Pa. (Section on clinical psychology is of special interest to persons working with children.)
Sept. 8–9	American Association of Public Health Dentists. Cleveland, Ohio.
Sept. 9–13	American Dental Association. Eighty-second session, Cleveland. Permanent headquarters: 212 East Superior Street, Chicago.
Sept. 16–20	American Hospital Association. Boston, Mass.

U. S. GOVERNMENT PRINTING OFFICE: 1940

A. M. A. Symposium on Health Education

What shall we teach? is the theme of a symposium on health problems in education to be held on June 11 at 2 p. m. in the Grand Ballroom of the Hotel Roosevelt, in connection with the annual meeting of the American Medical Association. The symposium is sponsored by the Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association. The speakers will be Dr. Dunn of the United States Bureau of the Census. Dr. Boynton of the University of Minnesota; Dr. Wilson of the Board of Education, Hartford, Conn.; and Dr. Nyswander of the School Health Study Committee, Astoria, N. Y. Dr. I. H. Goldberger of the New York City Board of Education will preside.

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